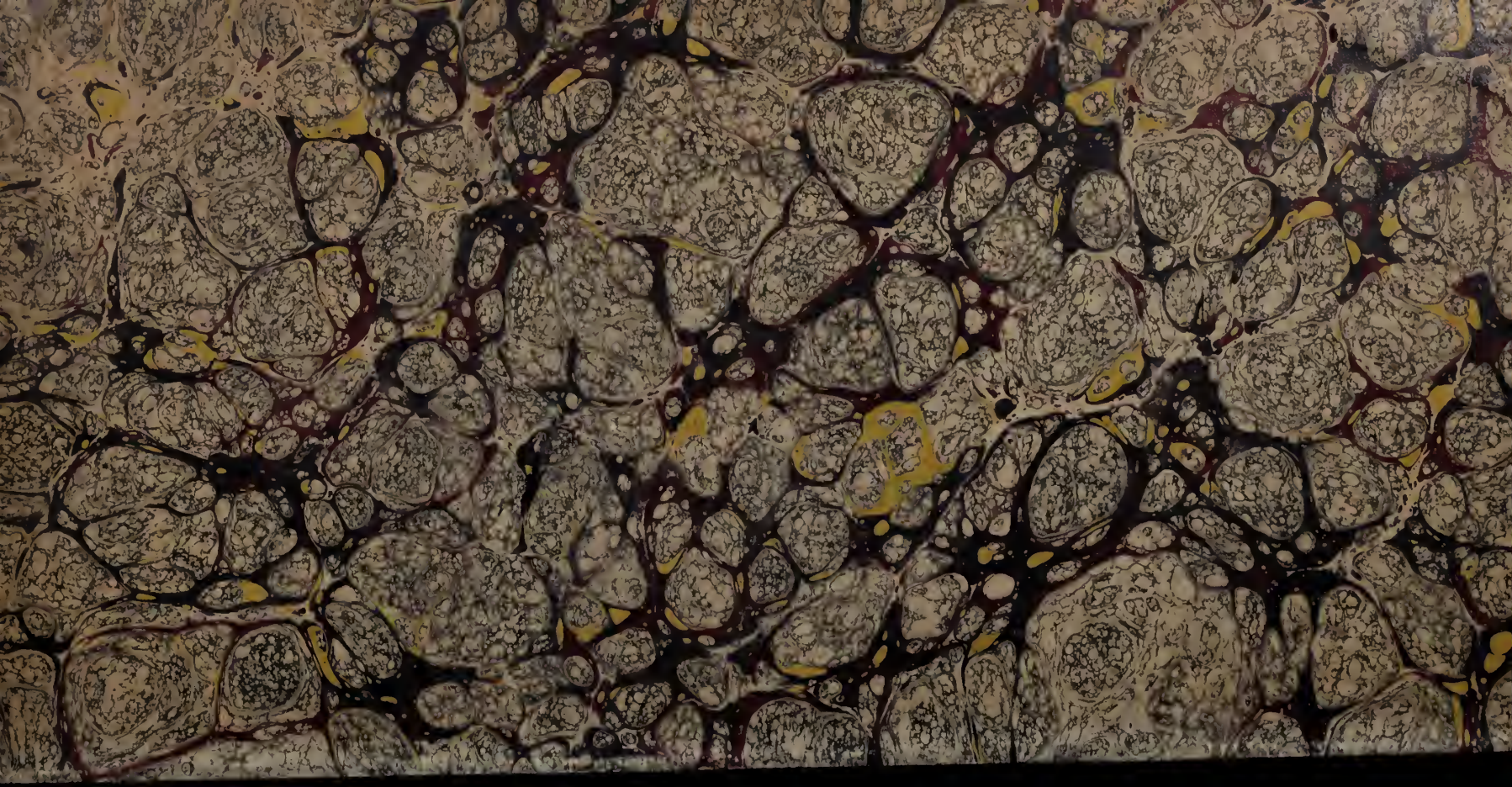

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Vol. XIV. MAY 1909. No. 1.

MISSISSIPPI MEDICAL MONTHLY

OFFICIAL ORGAN OF
THE MISSISSIPPI STATE MEDICAL ASSOCIATION
AND ITS COMPONENT SOCIETIES.

PUBLISHED MONTHLY AT 714 S. CHERRY ST., VICKSBURG, MISS.

Entered at the Post Office at Vicksburg as Second Class Mail Matter.

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Surgeon to L. & N. R. R.

Dr. Max Henning,

Quiz Master Theory and Practice of Medicine, Memphis Hospital Medical College.
Ass't. Clinical Instructor Diseases of the Rectum, Memphis Hospital Medical College.
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MISSISSIPPI MEDICAL MONTHLY

VOL. XIV. MAY 1909. NO. 1

PRESIDENT'S ADDRESS.

J. W. GRAY,

CLARKSDALE.

Members of the Mississippi State Medical Association; Ladies and Gentlemen:

Since our official program seems to be well filled with the strong meat of science, as much as you will probably care to attempt to digest, I deem it wise to offer you, instead of an annual "oration", a simple statement of the condition of the Association, and such suggestions as appear to me may perhaps be helpful in promoting its power and usefulness.

The report of the secretary shows that two new societies have been organized and fifty-three new members have been added to our rolls, and, while this is the largest increase in the history of the Association, it does not reach the goal of "twenty-five per cent. increase in membership and fifty per cent. increase in interest" set in the beginning of this administration. Still it is extremely gratifying, and I desire to thank the councilors and county secretaries for the earnest efforts they have put forth for the good of the Association.

The increase of forty-seven per cent. in the contributions to the program by *actual* members of the Association is a striking evidence of the increased interest, and, in the name of the Association, I desire to express my sincere appreciation to the chairmen of the sections for their faithful and sometimes strenuous work in carrying forward the first movement to hold an "All-Mississippian" meeting of the Mississippi State Medical Association.

I cannot refrain from bringing to the attention of the Association the very valuable work which has been done by the State Board of Health during the past year. The very high standard of qualifications required of licentiates to practice medicine promises much good to the people, and to the profession. The immense public interest being aroused through the efforts of the board in matters of hygiene and public sanitation is really remarkable, the more especially when we re-

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member the very niggardly and grossly inadequate appropriation at the disposal of the board. Since "*mens sana, in sano corpore*" in the individual is the most valuable asset of the State, an appropriation of fifty times the present amount would seem much the wiser policy.

The medical profession is regarded as the final authority in matters of hygiene and sanitation, and it is proper that it should have a larger influence in the making of the laws governing these problems.

The Committee on Public Policy and Legislation has received but scant courtesy at the hands of the law-makers.

I believe this lack of consideration shown to the views of the profession is due to the fact that usually we have begun our agitation for reforms too late.

Any candidate is much more susceptible to reason and proper influence *before* the election than after he is safely seated. I very earnestly recommend that the Committee on Public Policy and Legislation be appointed for a period of five years, the terms of no two members to end the same year, and that an auxiliary committee be formed, consisting of one member from each county society in the state. That the duties of the regular committee be the same as now, and after the policy and legislation desired shall have been decided upon and outlined, the conclusions shall be communicated to each county member, and by him presented to the various candidates for Senate and House, and pledges of support secured. The united strength of organized medicine in the state is a force which, if properly used, at the psychological time, will cause a would-be Solon to awaken to reason. The determined, insistent purpose and action of our profession can put any just law we want upon our statute books. Since the vigorous discharge of the duties of the chairman of the committee under this program would entail much labor and expense, I recommend that a liberal appropriation for clerical expenses be made to him, especially during the year of a general election.

While it is true that "no organization can live or grow that is occupied exclusively with the question of maintaining its own existence", it is equally true that no organization can prosper that does not protect its own members. The increasing number of black-mailing mal-practice suits against physicians suggests the necessity of this Association adopting some plan of co-operative medical defense. The prevailing impression has been that mal-practice suits are more numerous in the larger cities, and that we of Mississippi, having few large cities, do not need such means of protection. The experience of other

states shows conclusively that this is not true, but, on the contrary, such suits are much more frequent in the rural districts.

While such a step may seem to be in advance of the needs of the present, I am fairly convinced that it is time to begin its serious consideration, for the reason that such suits are increasing, and for the further reason that practical insurance of defense, for such a small sum as would be necessary, would make the Association more attractive to the physicians of the state and aid materially in keeping up the membership, and insuring the prompt collection of dues.

An attorney, regularly retained, could be of great service to the Association. He could examine and report upon the laws of the other states governing sanitation and hygiene, and bring to the attention of the legislature what other states are doing and, comparatvely, how little our state is doing. He could act as the official spokesman of the Association before all legislative committees, and, being on the ground, could accomplish much which our committee could not; at the same time he would become a specialist in that branch of jurisprudence governing the relations between physician and patient, and be ever ready and competent to advise upon all questions of law of interest to the doctor.

"Greater love hath no man than this, that a man lay down his life for his friend."

The world, the nation, but more especially the south, owe a debt money can never pay to that soldier volunteer who first allowed himself to be inoculated from a yellow-fever infected mosquito and by that act enabled science to take the first rational step to fight back the yellow-fever scourge from our Southland.

I understand that the aged mother, the wife and the seven little children of that man are in want.

As some evidence of our appreciation of such heroism, I earnestly recommend that the Association appropriate not less than one hundred dollars to the widow of Dr. James Carroll.

I had intended not to bore you with listening to my remarks to-night, but to read my address by title only, and then, as our congressional brethren do, ask leave to print. But a friend suggested that such a course would do too great violence to precedents. However, as I am afraid I am about to commit an assault and battery on precedents, as well as some other hoary notions, I do not think it would have been of any great moment.

Our constitution recites that the president shall be the

real head of the profession of the state during his term of office, and, as such, I consider it my duty, as it will be my pleasure, to tell you a few plain truths about yourselves.

As individual physicians, in your relations to your patients, no nobler, kinder nor more charitable men ornament the earth. But, as an organization, and in the discharge of your civic duties, you have been stung by the tse-tse fly, and a curative serum must soon be found, or you will sleep your lives away. The purposes of this organization, among others, are to aid in the "Enactment and enforcement of just medical laws and————in the enlightenment and direction of public opinion in regard to the great problems of state medicine, so that the profession shall become more honorable and capable within itself, and more useful to the public in the prevention and cure of disease".

And how are we discharging these sacred duties? By meeting in annual session, giving birth to most commendable and altruistic resolutions and memorializing the legislature!

What has become of the movement to establish a State Bacteriological Laboratory, by the aid of which we hoped to educate our people, and check the decimation from preventable diseases? We met in annual session, memorialized the legislature, and then—went to sleep!

Where is the effort to establish a department of vital statistics, than which no measure can be of more far-reaching benefit? We memorialized the legislature, and then—went to sleep!

Where is the pure food law, the absence of which from our statute books is a disgrace to the state, and an ignominious confession of our impotence when opposed by the puny strength of cowardly greed? We memorialized the legislature, and—went to sleep!

What has become of the great central state charity hospital that we spent the whole of a session of the Association in recommending? We memorialized the legislature, and—went to sleep!

In our efforts to raise the standard of medical education by requiring that all applicants to the State Board of Health for license to practice medicine shall be gradnates of some reputable medical college, we memorialized the legislature, and then—went to sleep!

In our wholesome zeal to rescue the State Board of Health from partisan politics by making all of its members elective by this Association, we worked ourselves into a frenzy, appointed a *special* committee to—memorialize the legislature, and then—went to sleep!

In the limbo of unaccomplished things, we may find many measures of great importance to the state, and to the profession, that were pressed forward with fine enthusiasm; that were discussed and earnestly recommended by the Association, and then, we memorialized the legislature—and went to sleep!

Gentlemen, periodic paroxysms of per-fervid oratory and spasmodic attacks of strenuous travail have never yet accomplished useful results. We may memorialize the legislature until the end of time, and, unless we put some force behind the memorial, we shall continue to be treated with the paltry consideration we have always received.

The physicians composing the Mississippi State Medical Association are honest, faithful and conscientious, and justly enjoy the esteem and confidence of the laity. We have the power, through our votes and influence, to elect or defeat *any* candidate for *any* office within the gift of the people; and the only reason we do not control the policy of the state in matters relating to our profession is because we do not use our power *rightly*. The average politician is an exceedingly discerning individual, and once he sees we intend to lay aside our petty jealousies and partisan politics, and propose to throw the whole might of an active militant organization for the man who declares himself in favor of just medical-practice laws, and modern sanitary regulations, he will quickly "see a great white light", and we *then* will not need to "memorialize the legislature".

Society Proceedings.

Harrison County Medical Society held a regular meeting in Gulfport in the rooms of the Commercial Union, April 20th. Those present were: Drs. Lebaron, West, Sheely, Richardson, Mohler, Strange, Henry, Folkes, Hopper, Rainold and Anderson. Dr. Folkes, our delegate to the State Association, made a report on the State meeting and what was done in Jackson. Drs. Henry and Mohler also made talks on the convention. The resignation of Dr. Scruggs of Handsboro and Dr. Greaves of Biloxi were read and accepted. On motion the secretary was instructed to draw up suitable resolutions and send the same to the widow of Dr. Tarry of Long Beach, who recently died, the doctor being a former member of our society. Dr. Richardson of Gulfport read a paper on the medical laws, dealing largely with the non-enforcement of the same. He

paid his respects to the street-fakirs of medicine, one of whom we have had in Gulfport for the past few weeks. Dr. Folkes, discussing the paper, said that the carelessness of the profession is partly responsible for conditions as they are. Also the ignorance of the public is a chief reason for their running after fakirs. Dr. Hopper said that the best we could do was to educate the public, especially the younger generation. A general discussion on patent medicine and various medical fads followed. Dr. Lebaron, as health officer, stated how difficult it was to enforce sanitary laws on account of the prejudices of the public. Dr. Folkes moved, in regard to the tronble with the New York Life Insurance examinations, that the secretary be instructed to write Dr. Capps a letter plainly telling him that he must at once give up making examinations for less than a five dollar fee, or by contracts which evade the spirit of the insurance resolutions, or be expelled from the society.

H. H. West.

Lauderdale County Medical Society met in the Ormond building March 18th, and the following officers were re-elected: Dr. James Bennett, President; Dr. J. T. Houston, Vice-President; Dr. S. H. Hairston, Secretary-Treasurer; Dr. R. L. Turner, Delegate; Dr. H. S. Gully, member of board of censors. The society passed resolutions that from now on the meetings would be held every Thursday night instead of once a month. The meetings so far have been well attended and the society promises to be one of the best in the state.

S. H. Hairston.

Tri-County (Pike, Lincoln, Copiah) Medical Society met in regular bi-monthly session at McComb City April 6th, with thirteen members present. Malaria, dislocations and diseases of the joints constituted the program, which was carried out according to the American Medical Association course of study. A healthy condition of the society was shown by the fact that several members not on the program volunteered to take the places of those absent, so that an excellent meeting was had in spite of the fact that only one man down on the regular program was present. Six new members were added. Resolutions of respect *in re* the deaths of Drs. A. B. Pitts, J. T. Simmons and J. W. Bennett were adopted and copies ordered sent to their respective families. The next meeting will be held at Brookhaven June 8th.

D. W. Jones.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.
S. MYERS M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The Forty-second annual session of the Mississippi State Medical Association has now become a matter of history and since these meetings are the milestones that mark our work it is well to pause a moment and review the situation, to see how it compares with that of previous years, to "take stock" as it were, that we may know how we are succeeding.

It was argued by the section chairmen in the beginning that the stand taken by President Gray for an "all-Mississippi" meeting would work to the detriment of the Association, that there could not be found enough Mississippi physicians who would write papers to fill out a program, and that the meeting would fall flat without the stiffening of outside talent. That they were mistaken was amply proven by the results. The program was as well filled as of yore, the membership of the Association increased by about fifty over all previous records, the attendance for the first time approached the three hundred and fifty mark, largely in excess of any previous record, and there were as many papers read as could possibly have been handled. True a small proportion of the foreign element did slip through the meshes of the president's net, but not enough to materially hurt the plan, in fact they but served to emphasize the wisdom of the president since an examination of the program will show that those sections having the most Mississippians had the largest attendance and handled the greatest proportion of papers. Best of all, some of our good friends of whom it was said that they were hurt and would not help us again came to the meeting and showed by their manner that they were as staunch allies as of yore.

Altogether, then, 1909 is our banner year and we should take to heart this lesson that our Association can walk on its own feet, without stay or prop from without, and its members should hold themselves erect and feel a pride that they are part and parcel of a body of men which can hold its own with any.

Mississippi State Medical Association.

MINUTES OF THE HOUSE OF DELEGATES.

The House of Delegates of the Mississippi State Medical Association was called to order by President J. W. Gray of Clarksdale in the Pythian Castle, Jackson, April 12th. 1909 at 8 P. M.

On roll-call the following responded:—*Councilors Dye of the First District, Brown of the Fourth, Williams of the Eighth, Ullman of the Ninth, Carter of the Tenth. Delegates Butler of Amite, Allen of Attala, Barksdale of Carroll, Boyd of Chickasaw, Weeks of Choctaw, Rouse of Clarke, Buck of Coahoma, Little of Copiah, Jones of DeSoto, Stewart of Hinds, Scudder of Issaquena, Craft of Jones, Anderson of Lauderdale, Tennison, of Lawrence, Keyes of Lee, Frizell of Lincoln, Lipscomb of Lowndes, Cox of Madison, Boatner of Marshall, Wendel of Monroe, Baskervill of Montgomery, Wright of Panola, Dickerson of Pike, Lowry of Pontotoc, Bynum of Prentiss, Norman of Rankin, Tullos of Smith, Booth of Sunflower, Ellis of Tate, Stone of Washington, Finch of Webster, Hagaman of Wilkinson.

The secretary's report was read, received and ordered referred to a special committee.

Vicksburg, Miss., April 10th. 1909.

Secretary's Report to the House of Delegates of the Mississippi State Medical Association.

Gentlemen:—At the meeting at Natchez last year, certain instructions were given your secretary. Of these the most important were the revision of the Constitution and By-Laws and taking out a Charter for the Association. Feeling himself too feeble to bear the responsibility of such a burden as the revision of our laws would entail, your secretary took the president and councilors into camp and after compiling such amendments as suggested themselves to him, sent copies to these officers and made the final suggestions—which are submitted to you as Exhibit A of this

Amendments.

*At later sessions of the House there were seated Sessions of Adams, Butler of Bolivar, Young of Calhoun, Ringold replacing Barksdale of Carroll, Sadler replacing Boyd of Chickasaw, Barron of Claiborne, Hubbard of Clay, Davis of Covington, Butler of Franklin, Ratliff of Green, Giles of Grenada, Ross of Forrest, later replaced by Donald, Folkes of Harrison, Christmas of Holmes, Rape of Jackson, Shields of Jefferson, Rowland of Lafayette, Stevenson replacing Anderson of Lauderdale, Alford replacing Tennison of Lawrence, Dickins of Leflore, Nimocks of Pearl River, Beacham replacing Dickerson of Pike, Gillespie replacing Lowry of Pontotoc, Abernethy of Quitman, Pevey of Scott, Miller of Sharkey, Harris of Tallahatchie, Murry of Tippah, Coker of Tunica, Berryhill replacing Finch of Webster, Jackson of Yalobusha, Johnson of Yazoo.

report—from their majority vote. These amendments, together with one presented at Gulfport and two at Natchez, have been sent to the county societies as the law provides and are now ready for your final action.

Charter. The question of a charter was simplified by discovering that a certified copy of the original charter could be obtained from the Secretary of State and, by permission of Dr. Rowland, chairman of the committee that suggested the instructions, this was done. This copy shows that our original charter was issued Sept. 18th. 1895 and is therefore, in the opinion of your secretary, preferable to a new charter since, in matters of this sort, age adds dignity. The certified copy is appended, as Exhibit B of this report, for your inspection.

Finances. The money collected as dues for 1908 have been turned over to Treasurer Sutherland and a statement for your secretary's accounts, together with vouchers for the sum paid to the treasurer, constitutes Exhibit C of this report.

Owing to the fact that so many of the county societies delay until the last minute in making their reports, and some of them do not come in until late in the year, your secretary has adopted the plan of balancing his accounts with the treasurer on the first of January and has not, therefore, made any statement or paid him any money this year. The balance on the treasurer's statement, therefore, represents the amount that the Association was ahead at the end of the last fiscal year. On the secretary's books will be found the dues received for 1909 and as these books are kept very simply your auditing committee can check them up with almost the facility of a statement. The money is deposited in the Delta Trust and Banking Co. of Vicksburg and the bank book is submitted as a voucher for the amount.

Membership. The membership of the Association totaled nine hundred and two for 1908. This is a loss of two as compared with 1907 and is probably due to our insurance resolutions, several societies having gone further than the Association and made compliance with them a test of membership.

Deaths. Exhibit D consists of such histories of deceased members as your secretary has been able to secure and is presented to facilitate the work of the mortuary committee.

Communications. Exhibit E consists of numerous communications from the American Medical Association and the Southern Medical Association. Since some of them are extremely voluminous it has not been deemed advisable to incorporate them in in this report, but all of them should receive consideration and some of them are of importance, therefore it is suggested that a committee consider them.

Papers read at meetings. It is with a feeling of hesitation and regret that your secretary ventures to call your attention to some irregularities, to put it mildly, that have been practiced on the Association by some of its visitors. For some years past it has frequently happened that some of these gentlemen have violated, unknowingly in some instances but certainly not in others, the letter as well as the spirit of Chapter V, Section 5 of the By-Laws, which reads as follows:—"All papers read before the society shall be its

property. Each paper shall be deposited with the secretary when read." Frequently papers are carried off—to be read elsewhere or to be sent to some publication having a wider circulation than those of this Association—and it often happens that a visitor presents a paper that is merely a reprint of one previously read elsewhere or written for some journal. Last year both of these indignities were practiced upon the Association and your secretary ventures the suggestion that in future all members or guests guilty of such conduct be quietly blacklisted and prevented from further participation in our programs.

Respectfully submitted,

E. F. HOWARD,
Secretary.

Secretary's Report—Exhibit C.

VICKSBURG, MISS., Jan. 4th. 1909.

E. F. HOWARD, Secretary.

In account with the

MISSISSIPPI STATE MEDICAL ASSOCIATION.

Business of 1908.

Balance on hand last report		$1,480.00
Received from		
Clarksdale and Six Counties	2.00	
Yazoo	42.00	
Attala	34.00	
Chickasaw	28.00	
Tri-County (P. L. C.)	2.00	
Yazoo	2.00	
Tippah	16.00	
Washington	6.00	
Lauderdale	4.00	
Tri-County (P. L. C.)	4.00	
Monroe	41.50	
Tishomingo	14.00	
Tri-County (P. L. C.)	2.00	
Lafayette	4.00	
Tri-County (P. L. C.)	8.00	
Newton-Neshoba	4.00	
Amite	2.00	
DeSoto	8.00	
Tate	4.00	
Clarksdale and Six Counties	2.00	
Tri-County (M. C. W.)	8.00	
Harrison	2.00	
Marshall	32.00	
Issaquena	2.00	
Grenada	4.00	
Leflore	2.00	
Tri-County (M. C. W.)	6.00	
Panola	2.00	
Perry-Greene	2.00	
Monroe	4.50	
Pearl River-Marion	16.00	
Leflore	2.00	
Wilkinson	2.00	
Newton-Neshoba	6.00	
Total		$1,800.00

By check to Treasurer April 22nd. 1908	$1,480.00
By check to Treasurer Oct. 9th. 1908	310.00
By check to Treasurer Jan. 4th. 1909	10.00
Total	$1,800.00

VOUCHERS ATTACHED.

E. F. HOWARD,
Secretary.

Barksdale called up the constitutional amendment offered at Natchez in 1908:

"*Resolved*, that the constitution be so amended that the election of officers shall take place on the afternoon of the day previous to the day of adjournment on the floor of the House of Delegates."

This was put to a vote and lost.

Wright of Panola called up the amendment offered at Natchez in 1908:

"*Resolved*, that the constitution be amended so as not to debar delegates from election to any office."

This was put to a vote and carried.

Frizell of Lincoln called up the amendment that was offered at Gulfport in 1907 and has lain on the table ever since:

"*Resolved*, that the constitution, Article VIII, Section 3, be amended to read '*at the evening session of the first day*' instead of '*on the morning of the last day*'".

This was put to a vote and lost.

The Treasurer's report was read, received and referred to a committee to be appointed by the chair.

Treasurer's Report.

H. L. SUTHERLAND, Treasurer,
In account with
THE MISSISSIPPI STATE MEDICAL ASSOCIATION:

1908.			
April 25.	To Check of Secretary for balance in his hands as shown by report of Auditing Committee	$1,480	00
May 7.	To Check, J. F. Hunter	781	01
Oct. 10.	" " E. F. Howard, Secretary	310	00
1909.			
Jan. 8.	" " E. F. Howard, Secretary	10	00

1908.							
April	28.	By Draft for Secretary's Salary					500 00
"	28.	"	"	"	"	Sundries	52 31
May	1.	"	"	"	Clarke & Co		3 65
"	2.	"	"	"	S. W. Johnston		3 00
"	2.	"	"	"	Mississippi Printing Co		84 00
"	2.	"	"	"	C. M. Coker		14 25
"	6.	"	"	"	M. C. Lilley & Co		31 90
"	6.	"	"	"	Columbus Dispatch		8 10
"	6.	"	"	"	J. B. Bullitt		23 40
"	9.	"	"	"	H. E. Baxter		25 00
June	25.	"	"	"	Frank Bell		15 00
July	24.	"	"	"	Transactions by Mississippi Printing Co		724 16
1909.							
April	7.	" Balance on hand					1,096 24
						$2,581 01	2,581 01

H. L. SUTHERLAND,
Treasurer.

The president appointed as a committee on the reports of the secretary and treasurer:—Frizell of Lincoln, Baskervill of Montgomery, Wright of Panola.

Baskervill of Montgomery and Secretary Howard offered an amendment to the by-laws giving the treasurer a seat in the House of Delegates.

The following constitutional amendment was introduced by Little of Copiah and Councilor Brown:

"*Resolved*, that the Constitution, Article VIII, section 3, be amended to read '*at the evening session of the second day*' instead of '*on the morning of the last day*' ".

Then the House took up the amendments offered by the secretary and passed the following:

CONSTITUTION.

Article IV, Sec. 4. In the first line strike out the word "*distinguished*" and change the third line so as to read "*an officer of the Association*"—

Article VI. Strike out the entire section.

Article VIII, Sec. 2. Change the last sentence to read as follows:—"*All of these officers shall serve until the adjournment of that session at which their successors are elected*".

Sec. 3. Strike out the words "*but no delegate shall be eligible to any office named in the preceding section, except that of councilor.*"

Article IX. Amend this article in the third line by striking out the words "*an equal*" and in the third by adding the words "*the membership of*" before the words "*each county society*" and by striking out the words "*to be fixed by the House of Delegates*". The article will then read "Funds for meeting the expenses of the Association shall be arranged for by the House of Delegates by per capita assessment upon the membership of each county society," etc.

Article X. Strike out the entire section.

BY-LAWS.

Chapter 1, Sec. 1. Strike out entire section.

Sec. 2. Strike out the words "*or list of delegates,*" in the second line. In the fourth line after the words "roster of the society" add "or by presentation of receipt for dues from his county secretary."

Sec. 3. Strike out entire section.

Sec. 4. In the second line, change the words "*on the registration book*" to "*at the registration bureau.*"

Sec. 10. Add the following: "Delegates shall be received from such societies—one delegate from each society in the federation".

Section 11. Strike out the last sentence.

Sec. 13. Strike out the section.

Sec. 14. Strike out the section and substitute the following:—"It shall publish the minutes of its meetings in the official *Transactions* of the Association".

Chapter VI, Sec. 4. On the fourth line, strike out the words "in separate record books".

On lines eleven and twelve, strike out the words:—"*and upon request shall transmit a copy of this list to the American Medical Association for publication*".

Chapter VII, Sec 1. Add to section:—"and shall publish this report in the official *Transactions* of the Association."

Sec. 2, lines 2 and 3, strike out the second sentence.

Sec. 4. Add to section, between the first and second sentences:—"It shall approve all memorials and resolutions issued in the name of the Association before the same shall become effective".

Amend the last section to read as follows:—"Such committees, except Committee on Arrangements which is provided for in Section 6, shall be appointed by the president within thirty days after the adjournment of the annual session".

Sec. 5. Strike out this section.

Chapter IX, Sec. 2. Add to section:—"*Provided,* that a member who

has paid his dues to the secretary of his county society and holds a receipt for same, shall be allowed to register on his presenting the receipt and the amount of his dues to the secretary of the Association, who must issue him a receipt for same. This receipt shall be his voucher when he demands reimbursement of dues paid to the county secretary."

An additional chapter as follows:

SCIENTIFIC SECTIONS.

SECTION 1. The scientific sections of this Association shall be as follows:

Section on Medicine,
Section on Surgery.
Section on Obstetrics,
Section on Gynecology,
Section on Materia Medica.
Section on Pediatrics,
Section on Nervous Diseases,
Section on Venereal Diseases.
Section on Hygiene,
Section on Dermatology,
Section on Bacteriology,
Section on Diseases of the Eye, Ear, Nose and Throat.
Section on Electro-Therapeutics,
Section on Tuberculosis.

SEC. 2. The chairmen of these sections shall be appointed annually by the president.

On motion of Councilor Dye the selection of a nominating committee was made the order of the next session.

The House then adjourned and reconvened at 8:30 A. M. April 13th.

The following were selected as a nominating committee:—1st. District, Booth of Sunflower; 2nd. District, Wright of Panola; 3rd. District, Keyes of Lee; 4th. District, Feemster of Monroe; 5th. District, Baskervill of Montgomery; 6th. District, Scudder of Issaquena; 7th. District, no representation; 8th. District, Craft of Jones; 9th. District, Frizell of Lincoln; 10th. District, Ross of Forrest.

The House then adjourned and reconvened at 8:30 A. M. April 14th.

The amendment of Baskervill of Montgomery and Secretary Howard, seating the treasurer in the House of Delegates, was called up and passed.

The courtesies of the House were extended ex-President Martin.

On motion of Treasurer Sutherland the House appropriated one hundred and fifty dollars for the relief of the family of Dr. James Carroll.

The credentials of Dr. John B. Elliott Jr., fraternal delegate from the Louisiana State Medical Society, were read and the House extended the courtesies of the meeting to Dr. Elliott.

The House then adjourned and reconvened at 3 P. M.

The report of the legislative committee was presented and, after slight amendment, adopted as follows:

JACKSON, MISS., April 12th. 1909.

TO THE HOUSE OF DELEGATES, MISSISSIPPI STATE MEDICAL ASSOCIATION:

Gentlemen: Your Committee on Public Policy and Legislation beg leave to report as follows:

I. We would recommend the printing and distribution for the information of health and sanitary officers, and the public generally, by the State Board of Health, of a "Sanitary Code", such as is now issued by the Louisiana Board; and we would like to pledge the influence of the Association to the said State Board of Health in securing the enactment of such legislation as may be necessary to this end.

II. We ask the endorsement by this Association of the following proposed legislation, to be submitted at the next meeting of our State Legislature:

AN ACT to amend sections 3690 and 3691 of the Code of 1906 in relation to physicians, in so far as they relate to the practice of midwifery by females who are not physicians.

SECTION 1. Be it enacted by the legislature of the State of Mississippi that Section 3690, Mississippi Code of 1906, is hereby amended to read as follows:

3690. (3253) Females practicing midwifery. It shall be unlawful for any and all persons, other than physicians, to practice obstetrics or midwifery, after having received or with the intent of receiving therefor, either directly or indirectly, any bonus, gift, profit or compensation, unless they can show a certificate from the health officer of the county in which they reside certifying that they are proficient in the art, which certificate shall be given only after an examination of the person applying therefor by the health officer, whose duty it shall then be to file a duplicate of said certificate with the clerk of the Circuit Court in the county in which the licentiate resides, and for which service he may collect the sum of five dollars from the person applying for the certificate. The penalty for vio-

lation of this law shall be not more than twenty-five nor less than five dollars and imprisonment in the county jail for a period of not more than thirty nor less than ten days, for each offense.

SECTION 2. Be it enacted by the legislature of the State of Mississippi that Section 3691, Mississippi Code of 1906, is hereby amended to read as follows:

3691. Practice of medicine defined (Laws 1896, ch. 68).—The practice of medicine shall mean to suggest, recommend, prescribe, or direct for the use of any person, any drug, medicine, appliance or other agency, whether material or not material, for the cure, relief or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound or fracture or other bodily injury or deformity, or the practice of obstetrics or midwifery, after having received, or with the intent of receiving therefor, either directly or indirectly, any bonus, gift, profit or compensation.

AN ACT to amend Sections 1234 and 1235 of the Code of 1906 relating to the production of abortion.

SECTION 1. Be it enacted by the legislature of the State of Mississippi that Section 1234, Mississippi Code of 1906, is hereby amended to read as follows:

1234. (1156) The same; killing of an unborn child.—The wilful killing of an unborn child, by injury to the mother of such child, which would be murder if it resulted in the death of the mother, shall be manslaughter. An infant in the mother's womb, whether viable or not viable, is hereby declared a human being.

SECTION 2. Be it enacted by the legislature of the State of Mississippi that Section 1235, Mississippi Code of 1906, is hereby amended to read as follows:

1235 (1157) The same; giving medicine, etc., to pregnant woman and thereby destroying the product of conception. Every person who shall administer to any pregnant woman any medicine, drug or substance whatever, or shall use or employ any instrument or other means to destroy such product of conception, and shall thereby destroy it, shall, upon conviction thereof, be guilty of manslaughter, except in the case of a physician doing it when it is necessary to protect the life of the woman.

1235 B. The same; a woman compelled to testify against the person who has produced an abortion upon her. The woman upon whom an abortion has been produced shall be a competent witness against the person producing the abortion and may be compelled to appear and give evidence in the manner of other witnesses, but the testimony so given shall not be used in any prosecution or proceeding, civil or criminal, against the woman so testifying, and the fact that she testified thereof shall be a bar to any prosecution against her for such offense, nor shall her unsupported evidence be sufficient to convict the accused.

AN ACT to amend Section 1528 of the Code of 1906 by adding a clause revoking the license of a practitioner of medicine who has been convicted of doing a criminal abortion.

Be it enacted by the legislature of the State of Mississippi that

Section 1528, Mississippi Code of 1906, is hereby amended to read as follows:

1528. (1455) The same; convict of felony not to vote, practice medicine, etc.—A person convicted of bribery, burglary, theft, arson, obtaining money or goods under false pretenses, perjury, forgery, bigamy or abortion, shall not be allowed to vote, practice medicine or dentistry, nor be appointed to hold or perform the duties of any office of profit, trust or honor, unless after full pardon for the same.

Respectfully submitted,

D. W. JONES,
J. W. GRAY,
E. F. HOWARD.

The committee on the president's address reported as follows:

We, your committee to which was submitted the address of the president, beg leave to offer the following resolution and amendment to the by-laws:

Resolved, that a committee of three be appointed to investigate and report to the next annual session of the Association the practicability of adopting some plan of co-operative defense, as recommended in the president's address.

Resolved, that Chapter VIII, Section 3, of the by-laws be amended to read as follows:

The committee on public policy and legislation shall consist of three members, together with the president and secretary *ex officio*, the three to be appointed for a period of three years so that the term of no two members shall end the same year. Under the direction of the House of Delegates it shall represent the Association in securing and enforcing legislation in the interest of public health and of scientific medicine. It shall keep in touch with professional and public opinion, shall endeavor to shape legislation so as to secure the best results for the whole people, and shall utilize every organized influence of the profession to promote the general influence in local, state and national affairs and elections. Its work shall be done with the dignity becoming a great profession and with that wisdom which will make effective its power and influence. It shall have authority to be heard before the entire Association upon questions of great concern at such time as may be arranged during the annual session.

There shall be an auxiliary committee consisting of one member from each county having a component society, to be elected by the local society, senate and, where it is possible, secure pledges on all legislation recommended by the general committee. The auxiliary committee shall take its instructions from the general committee and make its report to same. The general committee shall be supplied with sufficient funds to carry on its

propaganda, provided that not more than five hundred dollars shall be expended in any one year.

Respectfully submitted,

T. M. DYE, Chairman.

The report was received and adopted.

On motion of Folkes of Harrison, the House endorsed the stand taken by Dr. Wiley in his efforts for pure food legislation.

The auditing committee presented its report as follows:

JACKSON, MISS., April 13th. 1909.

TO THE STATE MEDICAL ASSOCIATION:

Gentlemen: We, your auditing committee, after having carefully examined the books and accounts of your secretary and treasurer, beg leave to report the same correct and neatly kept.

Respectfully submitted,

GEO. BASKERVILL,
W. H. FRIZELL,
E. WRIGHT,
Committee.

On motion of Baskervill of Montgomery the House recommended that the committee on public policy and legislation present to the legislature bills providing for compulsory vaccination among the school children and requiring the boards of supervisors to provide free vaccine and free antitoxin for charity cases.

The following accounts were allowed on recommendation of the auditing committee:—M. C. Lilley & Co., $30.00; J. B. Bullitt, $22.10; E. F. Howard, $63.85; D. J. Williams, $3.40; H. L. Sutherland, $17.35; J. S. Ullman, $17.95; Mississippi Printing Co., $124.55; T. M. Dye, $15.00; Clarke & Co., $10.45.

Invitations for next year's meeting were extended by Oxford through Rowland of Lafayette, by Greenville through Stone of Washington, by Hattiesburg through Donald of Forrest. Oxford's invitation was accepted and on motion of Baskervill of Montgomery the thanks of the Association were extended to Greenville and Hattiesburg.

Darrington of Yazoo rose to a question of personal privilege and made a statement in defense of those members of the State Board of Health who were appointed by the Association, it having been stated that some one or more of these gentlemen

had been guilty of violation of the insurance resolutions. He stated that the rumor was due to error and that none of the accused were guilty. Dr. Cheek of Arcola, another of the members in question, appeared before the House and being granted the courtesies of the meeting made a similar statement. Frizell of Lincoln spoke in defense of the three absent members, he having personal knowledge of the subject.

The House then adjourned and reconvened at 9 A. M., April 14th.

On motion of Secretary Howard the thanks of the Association were tendered Dr. and Mrs. Julius Crisler, the Hinds County Medical Society, the Jackson Board of Trade, the Lamar Life Insurance Company, Hon. Hilary Quin, Hon. R. V. Fletcher and Rev. Geo. F. Chaplaine for courtesies extended the Association during the meeting.

The commissioner of agriculture, Mr. Blakslee, was accorded the courtesies of the House and spoke of a plan for bringing a tuberculosis exhibit to Jackson during the state fair. On motion of Treasurer Sutherland this plan was endorsed by the House.

After prolonged debate on the situation in regard to fees for insurance examinations, the following addition to the resolutions as passed at Gulfport in 1907 was adopted:

Resolved, that the Association re-affirms the Gulfport resolutions, and that it is the sense of the Association that the acceptance by any member of an insurance-examination fee of less than five dollars is a tacit admission on his part of professional inferiority to his fellow members who demand the five dollar fee.

Councilor Dye rose to a question of personal privilege and stating that he had a resolution to offer that he was afraid President Gray would rule out of order, asked that Vice-President Bullitt would take the chair. This being done he offered the following resolution, which was unanimously adopted:

Resolved, that it is the sense of this Association that in the administration of Dr. J. W. Gray an unusually high standard of intelligent and active efficiency has been reached, and that largely as a result of his untiring labors the Association has reached its highest point in enrollment, in attendance, in loyalty and in a scientific program of Mississippi talent.

The nominating committee presented the following report:

JACKSON, MISS., April 13th. 1909.

TO THE HOUSE OF DELEGATES, MISSISSIPPI STATE MEDICAL ASSOCIATION:

We, the Nominating Committee, after due deliberation and consideration, beg leave to submit the following:

For President: D. J. Jones, Brookhaven; P. R. Brown, West Point; J. W. Young, Grenada.

For Vice-President: J. S. Sanders, Scranton; J. C. Armstrong, Water Valley; Thos. Purser, McComb City.

For Councilor, vacancies to be filled in First and Second Districts:

First District: T. M. Dye, Longwood.

Second District: J. B. Bullitt, University.

For Delegate to American Medical Association: J. W. Gray, Clarksdale.

For Alternate Delegate to American Medical Association: *H. A. Minor, Macon.

L. C. FEEMSTER, Chairman,
W. S. CRAFT, Secretary,
E. WRIGHT,
W. H. SCUDDER,
T. E. ROSS,
C. T. KEYES,
GEO. BASKERVILL,
B. H. BOOTH,
W. H. FRIZELL.

Roll being called it was found that there were fifty-five votes in the House.

The vote for president was taken and resulted as follows:—Jones 32, Young 20, Brown 3.

The secretary was instructed to cast the vote of the House for the other nominees.

Dr. Jones being sent for and informed of his election, thanked the House for the compliment paid him.

The House then adjourned *sine die*.

E. F. HOWARD,
Secretary.

*Dr. Minor being ineligible, there was no election in his case.

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*"INDIGESTION" FROM A SURGICAL STANDPOINT.

JOHN DARRINGTON,

YAZOO CITY.

When we review the recent progress of medicine and surgery we are impressed with the fact that while the great medical discoveries and wonderful surgical achievements have been the means of saving lives and restoring to many pallid cheeks the glow of health, yet there are a much larger number of chronic sufferers who through ignorance of what surgery can do for them are to-day harboring curable maladies. A large per cent. of these consist of those chronic cases having some lesion in the stomach, duodenum, gall-bladder or gall-ducts and the entire symtomatology of these various conditions is covered by the layman in one word: "indigestion".

Many of these cases are drifting from one physician to another, they are given all kinds of digestive mixtures and frequently, in desperation, resort to self-treatment with patent medicines. They do not improve, they cannot improve, and we see the case with a chronic ulcer of the stomach gradually lose strength and hope, and who can say he is unlucky if a perforation suddenly ends his sufferings here and ushers him into the next world. There we hope he is free from pepsin and bismuth and there we trust he can look at a mince pie without having a pyloric spasm.

It is our duty to teach these patients that they can be cured by surgical means, and as this idea gains ground and operations for the relief of these conditions become more common, the family doctor as well as the surgeon will have the moral support of the public, which you know is a valuable asset in doing surgical work among ignorant people.

The knowledge of the general public regarding the necessity for an early operation in acute appendicitis is illustrative of the good work done along the educational lines, and each year we see fewer cases of neglected appendicitis. The old

*Read before the Mississippi State Medical Association at its Annual Meeting in Jackson, 1909.

rule, you know, was to purge and poultice for at least three days before sending for a doctor.

There are many lesions of the upper abdomen, that interfere more or less seriously with the proper digestion of food, that are no more amenable to medical treatment than is a chronic, inflammatory process of the vermiform appendix, yet these cases are treated along so-called conservative lines, and they usually die a conservative death rather than have anything radical done.

Of the many diseased conditions producing symptoms of indigestion, ulcers of the stomach or duodenum and their sequelae, such as stenosis of the pylorus, perforations, adhesions, etc., together with the inflammatory diseases of the gall-bladder, liver-ducts and pancreas, are the chief offenders. We must never lose sight of the fact that cancer of the stomach is unfortunately exceedingly frequent, and no doubt neglected chronic ulcers are responsible in most cases for the cancer. This fact alone is an urgent plea for us to do early surgery.

I am not going into the differential diagnostic symptoms of the surgical diseases of the stomach and the adjacent organs, for such information can easily be secured by referring to recent text-books, or current medical literature. I will say, however, that while in most cases the correct diagnosis can be made, there are others presenting such complicated symptoms that you can only say you are sure of a lesion in the region of the stomach that in all probability can be cured by surgical interference. It is of no importance to the patient whether his trouble is in his stomach, duodenum or gall-bladder. He wants relief, and you are justified in advising an operation when you have a positive pathological diagnosis.

There is no department of surgery that produces more brilliant results, that is more gratifying to both patient and surgeon, than a posterior gastro-duodenostomy performed on those cases where this operation is clearly indicated, and I think it is clearly indicated in all chronic ulcers of the stomach or duodenum, or for adhesions or contractions of the stomach or duodenum that interfere with digestion.

This operation is the ideal treatment for all conditions about the pylorus which prevent the food from readily passing from the stomach into the intestines. It is also advised as a life-saving measure in cases of repeated hemorrhage, in acute ulcer of the stomach and as a palliative procedure in inoperable malignant conditions.

I operated upon a case a few months ago, doing a posterior gastro-duodenostomy, using a McGraw ligature. This patient

had a stenosis of the pylorus, caused by the cicatricial contraction of a chronic ulcer. This old woman was unable to eat, greatly emaciated, of course, and in fact was actually starving to death. She gained about thirty pounds in six weeks, and is now in perfect health.

The contrast in these cases, before and after operation, must be seen to be appreciated. The patient comes to you, pale, weak, anaemic and cadaverous; his whole thought and entire time are given to his stomach; his conversation is confined to one topic—his stomach; his own existence is miserable and his gloominess and depression are reflected in the faces of his entire household. After the gastro-duodenostomy is performed for his ulcer, or his stenosis, there is a complete change in the picture. He is free from pain, can take food and digest it and that tells the whole story. He gains rapidly in weight and improves in spirit and, quoting my friend, Frank Jones, "is suddenly changed from Gloomy Gus to Sunny Jim".

In an article read before this Association two years ago on gastro-enterostomy, I stated that this operation was strictly a drainage operation, and that the great benefit secured by the patient was due to the drainage. I am compelled, however, to revise that statement now, for the investigations made during the past two years show conclusively that the neutralization of the excessive acidity of the stomach by the alkaline secretions of the liver and pancreas is no less important than drainage, and is a large factor in the cure of the chronic ulcer.

The digestive disturbances, due to gall-bladder infection, also rapidly disappear after drainage of this organ. The question frequently comes up as to the advisability of draining or removing a gall-bladder. It has been my rule to drain, unless the pathological condition of the gall-bladder, or the cystic duct, was such as to lead me to believe that the gall-bladder would not resume its function.

I only mention the most important of the various causes of indigestion, for in a short paper it is not possible to deal with the physiology of digestion, or the pathology of indigestion, nor is it possible to describe the various operations for the relief of the surgical lesions of the stomach or its neighbors, but to call your attention, in a general way, to the great possibilities in this line of work, and to urge upon you the importance of keeping these very common troubles in mind, and not allowing yourself to fall into the error of treating with medicine those cases that can only be cured by surgery.

*THE NEGLECTED CYNECOLOGICS.

L. C. FEEMSTER,

NETTLETON.

I have read that "The genital apparatus of woman is the pivotal point around which her life revolves". This is measurably true but should not be taken too literally, for fear we dwarf our conception of one of the greatest branches of medicine, gynecology.

The man who limits the field of his vision to the genitals of woman and is guided in his practice by that limited vision, is a discredit to the profession. A woman in perfect health is a product of heritage and a properly regulated life—she bears the earmarks of "firmness of fibre, symmetry of form and the grace and beauty of healthful habits and environment. She is a thing of beauty and a joy forever".

Social duties, or rather abused social duties, and altered conditions of life frequently are responsible for many of the diseases of woman. The negro woman as she exists in the African wilds in what seems to be her natural habitat is found to be almost entirely free from uterine fibromata, but as found in her semi-civilized state among us she becomes a frequent prey to this form of gynecological pathology.

One of the greatest errors that I have noticed in dealing with gynecologics is the very frequent mistake of many of the physicians with whom I have had the pleasure to come in contact of overlooking the genital diseases of woman, especially when treating the unmarried of all ages. Practical and systematic examinations have been neglected and the sufferer has constantly grown worse until she had the good judgment to consult some physician who is in the habit of examining his patients before prescribing.

There is but little to choose between marriage and "single blessedness". Married women are more frequently sufferers from cervical cancer and the multiplicity of conditions concomitant and subsequent to parturition, as laceration of cervix and perineum, subinvolution, cystocele, rectocele and prolapsus uteri. Unmarried and sterile married women are far more frequently sufferers from fibroids and cancer of the corporeal uterus. "Celibacy brings its own train of evils incident to an unnatural mode of life."

The failure to accord the puerperant proper advice, atten-

* Read before the Mississippi State Medical Association at its Annual Meeting in Jackson, 1909.

tion and prompt treatment in case of tears and other accidents incident to child-birth is one of the most frequent and serious needs of gynecological attention. This includes on the part of the obstetrician the neglect to have the patient antisepticized and asepticised before labor has begun and the repair of any laceration that may have occurred during labor, also a proper care of the patient for the remainder of the puerperium, maintaining a strict guard against septic infection.

Septic and specific infections are among the most common causes of diseases in the female. A large per cent. of her ailments are due to one or the other of these causes. Both are, almost without exception, due to carelessness or inexcusable ignorance on the part of the medical attendant or nurse.

Gonorrhoeal infection gives rise to many of the most grave conditions to which hundreds, yea thousands, of the fairest daughters of our beloved state are heir, and the darkest picture of it is that it is due to her ignorance of the subject and her trust in the man she loves and he not having a clean bill of health.

Septic and gonorrheal infection may start in the lower genitalia and by extension involve the entire reproductive organs, verily not ceasing its death-dealing force there but continuing to all the pelvic and abdominal viscera unless death intervenes and relieves the sufferer from its devastating march.

In a limited way we have been considering the gynecologics from a social and obstetrical field of vision, so let us turn, if you please, and take a physiological view of the subject and see if much of the suffering is not laid in childhood and adolescence.

If she is hindered in her development, she will never attain the mental and physical vigor to which she is entitled. Both moral and mental natures are closely associated with the physical. Sound mind and sound morals belong to a sound body. The exceptions to this rule are few and usually are only apparent.

The question is, therefore, how is it with us in the education and instruction in our homes and in the homes of our clientele as regards the physiological development of the girls of our several communities.

She is taught to observe the proprieties of womanhood from early childhood, consequently denied the health-giving pleasures of the rougher sports from which her brother comes with glowing cheeks and a vigorous appetite.

She spends most of her time in the house done up in stays and tight-fitting clothes, yet is put to study at the same

age or earlier than the boy and expected under these adverse conditions to compete with him in her studies.

"She has been and is being reared and educated for invalidism, incapacity, a frail and delicate body, a high-strung and unstable nervous organism and life-long suffering."

The remedy for these evils is, in my opinion, proper dress, mental and physical exercise with the elimination of competitive examinations, and the elimination of very hard and exhaustive studies during the establishment of her menstrual function, and pleasant and congenial company.

The great and intelligent sun of gynecic pathology has risen and is spreading his munificent light over the obstetrical and gynecological world so that it will only be a few years until all educated people will discard as rust-worn every physician who neglects to give these cases the proper advice and a prompt and correct treatment.

Bibliography: Gilliam, Garrigue, King, Hirst, Smythe.

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*ENTERO-COLITIS IN CHILDREN.

G. S. BRYAN,

AMORY.

Mr. President and Gentlemen:

I shall not consume much of your valuable time in this paper, although the subject is of great importance. And for the sake of brevity I shall not refer to the literature bearing on the subject other than to say that I have read practically everything that has been written on it by those who are considered authorities.

I have not only read much on this subject but I have given it the best thought of which I am capable. I have not only read and thought much on this subject but I have had something more than my share of these cases to treat. So I do not think it immodest or egotistic to claim to speak with some degree of authority; for if I do not know this subject I am incapable of learning medicine, and if I can reach that conclusion I am ready to abandon the practice.

I make these statements simply as a basis for the conclusions I shall draw and as an apology for the dogmatic way I shall state them.

Now for a few of my conclusions. First permit me to say

*Read before the East Mississippi Four County Medical Society.

that I shall not consider the cases due to purely constitutional causes, but rather those occurring in previously healthy babies. In such babies there are two causes or classes of causes for this trouble, namely, improper feeding and nervous reflexes. Under the head of improper feeding I would, of course, include overfeeding as well as feeding with indigestible, impure and unwholesome food. I assume that you are all perfectly familiar with this phase of the subject and that there is no difference of opinion; so I shall not go into details.

Under the head of "nervous reflex" I would class insufficient sleep, intestinal parasites, adherent prepuce and, above everything else, "dentition".

The symtoms and pathology I have not elected to discuss.

How grave the prognosis is, we all know from personal experience.

Treatment. It is here I expect to appear and want to be dogmatic. But before advocating or condemning any special line of treatment let me insist on prophylaxis. It is here we can do the most, and all too often we do the least.

By way of digression, permit me to say that it seems to me the doctors have gone wild over special lines of work until every conceivable line has become over-crowded with so-called specialists and at the same time the great and fertile field of preventive medicine is lying fallow before our very eyes.

Then I assert that when a previously healthy child, one free from constitutional taint, develops entero-colitis, somebody has sinned—either through ignorance or carelessness, it may be, but somebody has sinned.

But be that as it may, they do fall sick of this fearful and fatal disease.

The question then arises "What shall we do with these little patients?" "Ay, there's the rub." But there is still a more important question, namely, "What shall we not do?" I unhesitatingly say that most of the things done and advocated should be transferred to the negative side of this important equation. Indeed, if you will stop doing what ought not to be done, frequently there is little that will become necessary to do. Of course you are first to decide if possible what is the cause of the individual attack and remove the cause, remembering that both classes of causes frequently enter into the case.

In all cases, all feeding should be promptly stopped. Good judgment on the part of the doctor is necessary to determine when feeding may be resumed as well as what shall be fed and how much shall be allowed.

I do not believe it possible to antisepticize the bowel,

hence I have no use whatever for the great majority of the remedies generally prescribed in the treatment of this trouble.

But if you ask me if I discard all drugs, I answer "no". While I have absolutely no faith in the virtue of a great many of the generally-used drugs, I have faith in a very few. Indeed there are three and only three that are nearly always dependable in these cases: opium, mercury and castor oil. And I verily believe if these drugs are properly used most of the little ones will recover.

Of course I want to be understood as advising that water should be freely used, both externally and internally. It is the best diuretic and I am almost persuaded it is the only sure and safe one for infants.

Once more permit me to digress. I have seldom seen babies die of any sickness with unimpaired kidney function and still less frequently have I seen them recover after suppression.

Going back to dentition, allow me to say that I am aware that the ultra-scientific would have us believe that since dentition is a physiological process it is necessarily a harmless process. I am also aware that they regard the theory that teething has any causative bearing upon this trouble as being a superstition that has been kept alive by and through ignorance. I am also aware that these same scientists regard and denounce the practice of incising the gum above an approaching tooth as a relic of barbarism. But if these same scientists could see, as I have seen, a peevish, fretful, nervous child immediately fall asleep after having a gum incised, and see an immediate change in the character of the discharge from the child's bowels, I think it possible they would be less sarcastic and bitter when referring to this theory and practice.

In conclusion, permit me to say that if you will dignify this paper and honor me by discussing its merits or demerits as the case may be, I will attempt, in closing the discussion, to go somewhat more into detail and will try to establish the rationale of the positions I have taken and the conclusions I have drawn.

The Sixtieth Annual Session of the American Medical Association will be held June 8th., 9th., 10th. and 11th. 1909, at Atlantic City, N. J. The House of Delegates will convene at 10 A. M. on Monday, June 7th. The general meeting, which constitutes the opening exercises of the scientific functions of the Association, will be held at 10:30 A. M., Tuesday, June 8th.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

ASSOCIATE EDITORS

B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.
S. MYERS M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

All good and loyal members of the Association and all reputable physicians of Mississippi who are not members are requested to read the letters to the editor published in this issue and then stand up and cheer. If the New York Life will pay five dollars to one man it will do the same to another, and now for a physician in this state to make an examination for the three dollar fee is simply a statement on his part that he does not care for the other two dollars.

Aside from this, all non-conformists are requested to "read, mark, learn and inwardly digest" the new resolutions passed at Jackson. For the benefit of those who did not have the good fortune to be in the House of Delegates we reprint them here:

Jackson 1909.

Resolved, that the Association re-affirms the Gulfport resolutions, and that it is the sense of the Association that the acceptance by any member of any insurance-examination fee of less than five dollars is a tacit admission on his part of professional inferiority to his fellow members who demand the five dollar fee.

We have frequently had it said of us that we seemed to have no idea on earth except the insurance question, at least in the last two years, and probably our critics will be glad to see that the fight is nearing an end, for of course it isn't entirely finished yet, so that we can write about something else. We admit that we have occupied our columns with the business of the New York Life Insurance Company's fees to a great extent, and if we have contributed in any degree to the final outcome we are amply satisfied. Note we say "the final outcome", for any doctor who now accepts the three dollar fee, knowing that he can get five, is so surely lacking in gray matter that a writ *de lunatico inquirendo* ought to speedily rid us of all the "cut-rates".

Mississippi State Medical Association.

Brookhaven, Miss., May 18th. 1909.

To the Medical Profession of Mississippi:

In this issue of the Monthly appears a list of section chairmen for our next association year. A special letter has been sent to them, requesting that they make up the program of home talent as far as possible.

The object of this "open letter" is to call on the profession of the state to rally to the aid of these section chairmen in demonstrating that Mississippi doctors can get up as good a program as that of any other similar organization. We have the talent, as fine a body of men as can be found in any state association in the South, but they are modest and diffident, lacking the initiative.

Now we want you to come forward and lend us these talents for the credit of your Association. Please do not wait for the section chairmen to call on you, but volunteer your services. If you have had a valuable experience, illustrating a general principle, embody it in a short paper and offer it to the chairman of the appropriate section.

Heretofore, chairmen of sections have complained that the doctors of Mississippi have treated them with scant courtesy, seldom answering their letters, much less complying with their requests for contributions. Please do not let that apply this year. At least extend them the courtesy one gentleman is always due another—a prompt reply to a request. If asked simply for a contribution, and you are not ready to give your subject, say that you will oblige them later, and set a date for a definite reply. The chairmen are requested to round up their program so that the section may present as far as possible a complete form; so that they should be the judges of the kinds of papers wanted.

The chairmen are requested to get their programs in shape by January 1st. if possible; so they should take up the matter now soon. Please remember this, and be governed accordingly.

The motto of this administration is "The best year's work in the history of the Association": will you help to make it so?

Yours for progress,

D. W. Jones,
Pres't Miss. State Med. Ass'n.

SECTION CHAIRMEN.

Medicine	B. L. Culley	Jackson
Surgery	F. M. Sandifer	Greenwood
Obstetrics	G. S. Bryan	Amory
Gynaecology	T. M. Jones	Hernando
Materia Medica	E. Wright	Sardis
Pediatrics	J. M. Dampeer	Crystal Springs
Nervous Diseases	G. W. Stephens	Meridian
Venereal Diseases	Robt. Donald	Hattiesburg
Hygiene	J. S. Ullman	Natchez
Dermatology	R. M. Sadler	Okolona
Bacteriology	W. S. Leathers	University
Eye, Ear, Nose, Throat	D. G. Mohler	Gulfport
Electro-Therapeutics	Rosa Wiss	Meridian
Tuberculosis	P. R. Brown	West Point

Society Proceedings.

East Mississippi Four County Medical Society met in Aberdeen May 11th., Dr. Feemster being in the chair. Dr. O. S. McCown of Memphis, Tenn., was extended the courtesies of the floor and, after a brief address on the necessity of regular attendance, read a paper on the "Prognosis And Treatment Of Extra-Uterine Pregnancy", which was discussed by Drs. Feemster, Lee and Wendel. After closing, Dr. McCown was extended a vote of thanks. The author being absent, Dr. R. P. Wendel read a paper on "Ethical Medicine" by Dr. H. H. Kinney, which was discussed by Drs. Lee and Wendel. Dr. Feemster, calling Dr. Gathings to the chair, moved that the August meeting of the society be held in Houston, Chickasaw County, which motion met with hearty approval by all present. Drs. Gathings, McCown, Sadler, Rogers and Wendel gave short talks on society work. On motion of Dr. R. M. Boyd, seconded by Dr. Rogers, a vote of thanks was extended the Aberdeen physicians for their many courtesies during the day. The secretary read an invitation from Dr. G. S. Bryan requesting each and every member of the society to come to Amory to dine the second Tuesday in June, and regretting that his enforced attendance on the young aspirants at Jackson prevented his being at this meeting. On motion of Dr. Wendel, the society accepted the invitation. After adjournment the members of the society were the guests of the Aberdeen physicians at dinner.

F. J. Underwood.

Harrison County Medical Society met in Gulfport May 18th. with the following members present: West, Morris, Carroll, Capps, Parker, Caraway and Mohler. Minutes of previous meeting read and adopted. Dr. Morris reported a case of unknown growth on a patient's tongue. After discussion by various members it seemed to be the consensus of opinion that it was malignancy. Dr. West reported a case of ulcerated throat which he thought was malignant. As the patient had lost the vocal organs and palate and had great difficulty in swallowing, he advised going to the hospital in New Orleans and gave a tonic of elix. iron, quinine and strychnine. Strange to say the ulcerations healed at once and the patient refused to go anywhere. Dr. Carroll reported a case of keloids, which was discussed by all present. Dr. Parker told of a case which he had operated on recently for appendicitis; all went well for five or six days, when the patient suddenly developed uremia and died. The doctor wanted to know what caused it, as the wound was perfectly healthy in every respect, as post-mortem showed. Dr. Capps reported a case of rectal ulcer which had puzzled him much. Various opinions were offered as to diagnosis and treatment. Dr. Morris mentioned a case of supposed mushroom poisoning which was commented upon. Dr. Carraway reported a case of tetanus and the treatment he used, which was fully discussed. Dr. Capps reported about the New York Life Insurance fees. On motion Dr. Capps was entirely exonorated and thanked for his fidelity to the society. The New York Life Insurance Company is now paying the straight five-dollar fee, Dr. Capps showing a certificate from the agent to that effect. On motion the subject of scarlet fever was carried over to the next meeting. H. H. West.

History Of The Mississippi State Medical Association.

1889. By far the most important work in medical legislation yet undertaken by the Association, with the possible single exception of the original medical practice act, was inaugurated at the 1889 meeting, having its origin in a paper by Dr. B. F. Kittrell. The practice act passed in 1882 had proven unsatisfactory in that it had created several boards of examiners and now it was decided the time was ripe to attempt the passage of an act creating one general examining board.

There was also entered, at this meeting, a formal protest against a ten dollar tax that had been imposed by the 1888 legislature on physicians. A committee was appointed to secure the repeal of this law and satisfactory results were reported at the next meeting.

1890. In the minutes of the 1890 meeting we find recorded one of the quaintest relics of the methods of older days to be found in all our annals. On several previous occasions the minutes of the meetings record the expulsion of a member for unprofessional conduct, but here is a record of a member being called before the president and by him publicly reprimanded, in open meeting; a remarkable testimony to the loyalty and self-control of the erring member when we consider how comparatively feeble the Association was at that time. The meeting in Meridian the following year, 1891, was without incident

1891. of interest, the Association pursuing its scientific program and devoting itself to its own internal affairs.

1892. The Association went to Natchez for its 1892 meeting. Acting on the recommendation of President Murry, an effort was made towards the establishment of local societies as nuclei from which an increased membership might be drawn. The secretary presented a list of the books in the library of the Association, consisting chiefly of volumes of *Transactions* of various Associations. One of the features of this meeting was a steamboat excursion tendered the members by the citizens of Natchez.

A called meeting was held in Jackson Nov. 2nd. of this year for the purpose of revising the Constitution and By-Laws and to elect members of the Board of Health. A draft of laws had been provided by the president and this, with recommendations and amendments, was laid on the table for action at the regular meeting. Five members of the Board of Health were elected as provided by statute. This is of interest as being the only called meeting in the history of the Association.

1893. In 1893 the Association returned to Jackson. Action was taken on the revised Constitution and By-Laws introduced at the called meeting in November. In the minutes of this year is found an intimation that the records of the Association were carelessly kept, a committee being appointed to find the missing charter.

1894. The 1894 meeting, held in Jackson, was chiefly of interest from the quantity of scientific work accomplished. There was a movement set on foot for the establishment of a public bacteriological laboratory.

1895. In 1895 the Association turned its attention to the creation of a Department of Public Health, which was soon afterwards passed upon favorably by the legislature, and took up the question of a Medical Department of the State University. The charter inquired about at the 1893 meeting had evidently failed to materialize, for a committee was appointed to prepare and record one.

1896. The 1896 meeting was held in Vicksburg, where the Association relaxed somewhat from its strict adherence to scientific work and business and indulged in a banquet and steamboat excursion, tendered by the citizens. The question of a medical department for the State University was again agitated, the president stating in his address that the legislature had committed itself to such a step.

1897. The Association returned to Jackson for its 1897 meeting. One feature of business at this meeting that attracts attention was the establishment of a monthly journal to be published in lieu of the *Transactions,* by taking over the *Mississippi Medical Record* which had just been established as a private venture. This plan of publication was continued by the Association for four years, after which the journal was discontinued and the Association returned to its former method.

1898. The 1898 meeting was particularly notable because of an organization of a "Department of Public Health", established by legislative enactment. This Department had for its object "the collection of vital statistics, the development of medical literature and a general superintendence over the health interests of the state". For several years the report of its chairman was one of the features of the annual meeting of the Medical Association, there being each year a brief mention of it in the *Transactions* until 1904, after which it apparently failed to excite interest among its members or to do any work.

1899. The 1899 meeting was comparatively free from matters of more than scientific interest. The Association took issue with some recent resolutions of the American Medical Association and spent an exciting morning hauling the "*Vicksburg Herald*" over the coals for wrongly reporting the ideas put forward in one of the papers read before the meeting, but with these exceptions the members attended strictly to scientific business.

1900. Once again the Association abandoned the beaten track and went from Jackson for its annual meeting, Meridian being the place selected. Unprecedented floods in-

terfered with the attendance of many of the members, there being only twenty-three who answered the first roll-call and most of these being members resident in Meridian. Adjournment was taken for twenty-four hours in the hopes that more would come in, but the next day it was decided that the attendance would not justify a continuance so an adjournment was taken for a month, the meeting being held in May, when the Association reconvened in the same city and held an interesting meeting. The legislature was petitioned to provide quarters for the Board of Health in the new capitol building and the Board was endorsed in its actions during the epidemics of the previous year. An excursion to Arundel Springs was enjoyed by the Association as a body.

1901. 1901 saw the Association back in Jackson. The theory of transmission of yellow fever and malaria by the mosquito had the floor in a most interesting discussion. Drs. Hunter and Gant of Jackson presented a paper on Contagious And Infectious Diseases that was ordered printed for distribution among the members of the legislatiure and a committee was appointed to present the facts contained therein to them at the next session.

(to be continued)

Association Presidents.

L. SEXTON, New Orleans, La.

President 1888-89.

Luther Sexton was born at Crystal Springs, Miss., Oct. 7th. 1858, his parents being natives of Virginia and Massachusetts. He was educated at the University of Mississippi and graduated in medicine from Tulane in 1882. From the date of his graduation until 1890 he practiced his profession at Wesson, thence moving to New Orleans, La., where he afterwards became Instructor in Minor Surgery at Tulane and later Professor of the same branch. He married in 1886 Miss Katherine McLaurin Hartwell of New Orleans.

Dr. Sexton was three years interne at Charity Hospital, New Orleans, winning the competitive gold medal on his graduation. He was a member of the Mississippi Board of Health from 1886 to 1890 and of the Louisiana Board of Health from 1896 to 1897. He is now Medical Director of the Louisiana National Life Insurance Co., and besides his county, state and

national affiliations is member of the Academy of Railroad Surgeons, of which he was president in 1902.

Personal Notes 1907.

J. E. HALBERT, Mound Landing.

President 1889-90.

J. E. Halbert was born in Greene County, Ala., December 2nd. 1850 and died in New Orleans August 27th. 1892. While yet an infant his father emigrated to Scott County, Miss., in the common schools of which he was educated. Taking his degree from Jefferson Medical College, he settled in Forest and became associated in practice with Dr. T. H. B. Williams. Later he moved to Leota, Washington County, where he remained ten years, going to Florida for his health. One year later he returned to Mississippi, going to Mound Landing in Bolivar County, where he passed the remaining years of his life.

Dr. Halbert served in the lower house of the legislature in the session of 1888-9, doing good service for the medical profession. He never married.

Transactions 1893.

G. W. TRIMBLE, Grenada.

President 1890-91.

G. W. Trimble was born in Limestone County, Alabama, in 1822, being the only child of Archibald and Margaret Reese Trimble, and died March 23rd. 1901.

Archibald Trimble was of Scotch-Irish parentage and had three brothers in the war of 1812. He was one of the first settlers of Alabama. The maternal grandfather, Rev. Solomon Reese, was a Cumberland Presbyterian minister of North Alabama.

The subject of this sketch began life on his own account as a small boy in a printing office in Nashville, Tennessee, and continued this business until his twenty-third year, being at that time editor of the Aberdeen *Bee*. He then began the study of medicine with his half brother, Dr. J. A. Trimble of Russelville, Alabama, and graduated from the Medical College of Louisville, Kentucky, in 1852, settling in Grenada. At the outbreak of the war between the states he was appointed assistant surgeon of the Second Mississippi Infantry, but had the misfortune to break a leg shortly after and so saw little service. He spent the remainder of his life in Grenada, being associated in practice for a number of years with Dr. J. W. Young.

Dr. Trimble was married in 1842 to Miss Ella Barksdale of Pickens County, Alabama, and to this union was born one son, Joseph. In 1856 he married Mrs. Rebecca Thomas, a native of South Carolina, who became the mother of Mary and Charles Trimble.

A resident of Grenada for half a century, and being the strong man that he was, he left the imprint of his high character on the people of both county and state. His virtues were many, his faults few, and he left a rich legacy of good deeds well done. He was a true husband, a kind father, an honorable physician and a good citizen.

Dr. J. W. Young.

JNO. Y. MURRY, Ripley.

President 1891-92.

John Y. Murry was born in McNair County, Tenn., May 6th. 1829, of Carolina stock, his father being a veteran of the war of 1812, serving with Gen. Jackson in the battle of New Orleans. He had one course of lectures in the medical department of the University of Louisville in 1848-9 and was graduated from the Jefferson Medical College in 1885. He has been engaged in practice at Ripley since March 1849, except during the civil war when he served as a captain in the Thirty-Fourth Mississippi Infantry, with the Army of Tennessee, under Gen. Bragg. He has served his county as treasurer, as sheriff and as representative to the legislature. He was for ten years chairman of the Democratic executive committee of Tippah County and was a delegate to the Democratic national convention of 1880, in Cincinnati. Besides his county, state and national medical affiliations, he is a member of the Tri-State (Miss., Ark., Tenn.) Medical Society.

In 1849 Dr. Murry was united in marriage to Miss Emily Holcombe of Ripley, who died in 1859 leaving four children: Sallie, wife of J. W. T. Faulkner, an attorney of Oxford; Dr. Wm. M., a physician of Dumas; Emily V., wife of J. S. Harris of Ripley; and Elizabeth, the widow of Dr. E. N. Hunt, who has been for many years librarian of the University of Mississippi. In 1860 Dr. Murry married Miss Mary Miller of Ripley, by whom he had six children: J. Y., an attorney of Ripley; Mary E.; Dr. Chas. M., who is associated in practice with his father; Margaret T., wife of E. R. Richey, a druggist of Ripley; Anna M.; and Julia M., wife of Robt. A. Cox, a banker of Hico, Texas.

Rowland's History of Mississippi 1907.

Letters to the Editor.

Gulfport, Miss., May 4th. 1909.

Dr. E. F. Howard, Editor,
Vicksburg, Miss.

Dear Doctor:

It appears that the Harrison County Medical Society was misinformed at its last meeting. Now, in justice to myself and in regard for the truth, I will ask you to kindly publish the following statement: I am *not* examining for the New York Life for a stated sum or salary. I am *not* examining for the New York Life for less than five dollars.

Very truly yours,

Henry S. Capps M.D.

Gulfport, Miss., May 19th. 1909.

Dr. E. F. Howard, Editor,
Vicksburg, Miss.

The Harrison County Society has at last got the vexed life insurance examination matter settled. When the life insurance business first came up, all members of the society signed the five-dollar resolutions and we also got every doctor in the county who was not a member to sign the same. Later a doctor in Biloxi, a non-member, went back on his word and made examinations for the New York Life Insurance Company. The society could do nothing in this case. The company then sent special agents to Gulfport and made various propositions to all the doctors but did not succeed in getting an examiner among the members or non-members; later they got Dr. Galloway in Mississippi City to examine on a salary basis. The society at once notified Dr. Galloway and he resigned at once; it seemed that the doctor misunderstood the insurance resolutions. Some months later they got Dr. Capps of Gulfport to examine for them on a salary basis. We called Dr. Capps' attention to the matter and he resigned. The company then made various propositions to the doctor which he would not accept. Finally they came across with the straight fee, the agent giving a certificate to that effect. I give the certificate:

"Gulfport, Miss., May 6th. 1909.

"This is to certify that Dr. Henry S. Capps has never made an examination for me for less than five dollars and further-

more that I have no secret agreement with him to supplement his fee in any way whatever.

J. T. Burnside,
Agent New York Life Insurance Co.

Dr. Capps states that he gets a full five dollars for each and every examination and that he has no salary agreement with the company. All the other companies doing business in this county have come across with the five-dollar fee. We presume that the New York Life is still paying the doctor in Biloxi the three-dollar fee. He is not a member of our society.

H. H. West,
Secretary Harrison County Medical Society.

Book Reviews.

SANDERS POCKET MEDICAL FORMULARY with an appendix containing posological tables, etc., etc., by William H. Powell M.D., ninth edition. Thoroughly revised, enlarged and adapted to the U. S. P. VIII. W. B. Saunders Co., Philadelphia, 1909. Price $1.75 net.

This little work is perpetrated by one of the jokesmiths of the medical profession. It is indeed wonderful to relate that it has passed through nine editions, therefore indicating that in some parts of our fair country there exist physicians who buy a book of ready-made prescriptions and give the formula indicated, regardless of the dosage or other circumstances influencing the patient. Everything is treated in the book, and we cannot see why its possession by every householder should not abolish the physician altogether. Why pay a physician to copy a prescription out of this invaluable formulary when the book itself can be bought for less than the price of one visit. The most interesting feature is the blank leaves interposed between the sections. On opening the book, the first subject treated of is abortion, and we were in some doubt as to whether the author meant that to be the title page of the book. Closer inspection revealed the fact that it gives prescriptions for everything from abortion to yellow fever! Hurrah! for scientific education! Myers.

ERADICATING PLAGUE FROM SAN FRANCISCO. Report of the Citizens' Health Committee and an account of its work. Prepared by Frank Morton Todd, Historian for the Committee.

The transmission of plague having been demonstrated, the efforts of this committee, under the direction of Dr. Rupert

Blue of the P. H. and M. H. S., were directed to the destruction of rats, fleas and flea eggs. As a demonstration in preventive medicine the San Francisco epidemic is an object-lesson to the world, not only as to what can be done by scientific methods but as to the absolute necessity for co-operation on the part of the people during times of stress, and is on a par with the work done in many of our Southern cities during the yellow fever epidemic of a few years ago.

HOWARD.

CONSTIPATION AND INTESTINAL OBSTRUCTION. By Samuel G. Gant M.D., LL.D., Professor of Diseases of the Rectum and Anus in the New York Post-Graduate Medical School and Hospital. Octavo of 559 pages, with 250 original illustrations. W. B. Saunders Company, Philadelphia, 1909. Cloth, $6.00 net; Half Morocco, $7.50 net.

Constipation being a subject that all of us are called upon to treat more frequently, probably, than any other, and the results of the treatment being so generally unsatisfactory, all will welcome this masterly work of Dr. Gant with eagerness and read it with satisfaction. The chapter on etiology is alone worth the price of the book, the different causes of constipation being so beautifully described that average common sense, applying them, can in many instances outline the treatment, which for the most part, in the simple cases, is nothing but hygienic living and the use of proper food. The chapters on surgical conditions are well and clearly written and while appealing more to surgeons, of course, give a very clear and definite idea of how far the phyician should go before referring his patient to the specialist. The illustrations and presswork are the best that could be asked.

HOWARD.

INTERNATIONAL CLINICS, A Quarterly Of Illustrated Clinical Lectures And Especially Prepared Original Articles edited by W. T. Longcope M.D. Vol. I, Series 19. J. B. Lippincott Co., Philadelphia. Price $2.00.

This latest edition of the well-known and justly popular quarterly contains in addition to the customary line of articles a review of the year's work in treatment, medicine and surgery. It is a bad move, though not altogether new, making of what was our best clinical quarterly a combination journal and yearbook that is neither fish, flesh nor good red herring. If the quarterly had been a failure we could understand this going out from the beaten track, but it is so much beyond the average work of this class that we can but wonder why the editors take so much pains to spoil a good thing. HOWARD.

MISSISSIPPI MEDICAL MONTHLY

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*PROPHYLAXIS OF INSANITY.

J. M. BUCHANAN,

MERIDIAN.

The most serious problem that confronts the student of sociology to-day is the prevention of the increase of defectives, both criminal and insane; and, as these two classes are so closely allied, we cannot speak of the one without taking into consideration the other, although the purpose of this paper is to deal with the mental defectives. This question has been prominent in associations dealing with political and sociological problems for several years.

There has been much discussion and some legislation regarding the matter, but so far not much good has been accomplished. Those who have given the question thought, believe the problem before us is to stamp out hereditary diseases, to prevent offspring by those predisposed to crime and insanity and to prevent offspring from those who by heredity or otherwise have uncontrollable desire for alcoholic drink and drugs.

In speaking of the stamina of the race, Dr. Van Meter, of San Francisco, in an article last year, made these strong remarks: "Can anyone imagine what a race of beings we might be if, starting with pure blood for fifty generations, there is not a contaminating element allowed to enter? It would be a race Solomon-like in wisdom, Samson-like in size and strength, and Adonis-like in symmetry and beauty. Except from some indiscretion in food or drink, in dress or from exposure, there would be no disease, and death would only come from violence and senility".

The purpose of this paper is to bring before this body the means by which these glorious results might be obtained, but before dealing with remedial agencies, let us for a short time review the cause and effect of these stigmata. That there is a palpable increase of insanity beyond the increase of population is an evident fact, but not so great as would appear from

*Read before the Mississippi State Medical Association at its Annual Meeting in Jackson, 1909.

statistics, because of the faulty former census methods, and the constant addition of new hospitals for the insane, which gives greater facilities for caring for and congregating the defective classes.

It will be impossible to deal with all the etiological causes of insanity, and I shall only consider the most potent factors. Of these, heredity, ill health, bodily diseases, such as syphilis and diseases of the nervous system, toxic poison, alcohol and narcotics, are regarded as the chief factors.

Peterson speaks of the etiology of insanity as being describable in two terms, "heredity and strain".

Heredity which renders the nervous organization unstable; the strain which causes the unstable nervous system to collapse.

The question of heredity alone would consume more time than is allowed to this paper, and we can only touch on the most important points.

In determining the factors of heredity, we must not be content with ascertaining the existence of psychoses in the ascendants, but we must also consider some of the hereditary equivalents, such as epilepsy, chorea, neurasthenia, general nervous diseases, drunkenness, etc., for these equivalents interchange from one generation to another, and it is the unstable organization that is inherited—not the particular psychosis. (Peterson)

Mercier on "Sanity and Insanity", in speaking of the law of heredity, points out that besides the direct inheritance of unstable nervous system, there is another law of heredity which is known as the law of consanguinity.

Two parents may be perfectly stable and have normal organisms and yet produce offspring with unstable and abnormal nervous systems, because of the unsuitability of the sexual elements of the parents to each other. The perfect organization of the progeny is the result of three factors: the quality of the germ, the quality of the sperm and the suitability of the one to the other. If both parents are wanting in the same units, then the offspring will also be wanting in that unit. For example, two congenitally blind people are more than likely to produce blind children, but if one unit is lacking in the father and a different unit is lacking in the mother, then the children may be healthy. This point emphasizes the danger of consanguineous marriages, where the same units are more than likely to be found wanting in members of different branches of the same family.

When we come to study the principle of heredity, remembering that there is always a danger of latent hereditary

taint, and that there is also a variation in the degree of hereditary taint, we can explain some of the puzzling features of heredity, why it is that all children of neurotic parents do not suffer from some form of psychosis, while in children of apparently healthy parents these troubles manifest themselves.

Most of the authors give heredity as the cause of insanity in from fifty to seventy per cent., which I believe would be larger if we were able to obtain a correct history of all the antecedents.

Alcoholism, either directly or indirectly, is possibly the next greatest factor in the production of degenerates. I believe that hereditary influence has been pursued with more accuracy in regard to criminal defectives than with the insane; and to show to what terrible extent one depraved family may vitiate the human race, I want to call attention to the statistics gathered by The Prison Association, of New York, in regard to a criminal family by the name of Jukes, and, as figures cannot lie, the tale is well worth considering.

Five Jukes sisters in seventy-five years had one thousand two hundred descendants, embracing every form of degenerates. Paupers, two hundred and eighty; criminals, one hundred and forty; thieves, sixty; murderers, seven; immoral women, one hundred and sixty-five; illegitimate children, ninety-one; loathsomely diseased, four hundred and eighty known cases.

No sane man can believe that their maternity was anything less than criminal.

With these brief but important facts before us, it is evident to every one that it is our duty to strike at the root of this evil. This question is easily solved by the savage races, and in the study of such races we find the smallest per cent. of insanity. Heredity is practically eliminated, from the fact that the insane and degenerates are either put to death, or die from neglect, and the stamina of the race is preserved by the law of the survival of the fittest. In the struggle for existence, the weaklings, either moral or physical, succumb early and only the strongest survive.

On the plains where the wild herds of cattle and horses roamed at will, it was always the strongest male that stood sponsor for the herd. Such is not the case in civilized races, and with the highest type of animal, man, there is nothing done to improve the race by selection, and the most unfit often bring into the world the greatest number of children. The only thing that saves the race, is the fact that in a few generations this class naturally becomes sterile, but before that generation is reached undesirable progeny is scattered broadcast.

It is time that something be done, for if this increase of deficients continues, each man will be called on to care for his defective brother, and the race will decay and pass away.

Race improvement should be the earnest desire of every public-spirited citizen.

The first apparent object of civilization is to set an equal valuation on human life, and the prolonged continuance of human lives is the first object of effort.

This is the principle reason why the more civilized a country, the more multiplied become its deficients and dependents, and the greater the demand for charities.

By improved sanitation, more scientific medication and more abundant necessities of life, the average length of human life has been raised to about forty years.

This is accomplished by bringing up the more numerous short-lived, from childhood to adult life, where they propagate their kind.

Very little is done to prevent the naturally greater increase of the number of defectives. This is a perplexing question, and one most difficult to solve humanely.

The remedial measures so far proposed are restricted marriage and the unsexing of all deficients. (T. J. Searcy)

Some legislation has been obtained prohibiting the marrying of people affected with certain diseases, and in some states it is lawful to make defectives sterile by surgical operations.

No law of this kind can be made effective unless it is national and uniform in all states, for no good can be accomplished if one state prohibits marriage without a medical certificate when there is no restriction in bordering states.

It is also to be remembered that we are dealing with reasoning beings, possessed of uncontrollable natural appetites, who would oppose such restrictions, and they cannot always be handled at will.

My personal observation leads me to believe that some good can be accomplished by such means. It is not uncommon for patients, both men and women, to be returned to the asylum after being at home for five years, and during that time children were born to them.

If restrictive measures are confined to the inmates of insane hospitals and penitentiaries, no appreciable effect will be had on the next generation, for such classes are recruited in a large majority from all deteriorating ranks of society, rich and poor alike, and it would be impossible to place such surgery where it would do the most good.

I believe the greatest good can be had through education,

and laudable attempts have been made of late to increase general information on the subject of sexism. How to teach this subject to the innocent has been a theme for discussion among educators.

It can be properly approached by teaching the principles and truths of biology. The continuance of species is the living thread that holds the study together.

It could be approached in a way to give least offense to usual ideas of propriety, by first teaching the scientific propagation of species in plant life and then taking up the animal kingdom, showing the value of selection in the production of the finest strains in animals, and then the physiology of the reproduction of human species would naturally follow. This would remove all mystery and correctly instruct the natural inquisitiveness, which all children have, in a legitimate way.

This education begun in school must not cease, for unless the mother can be taught the great responsibility that she owes to her progeny but little good can be accomplished.

"The women, the wives, the mothers, must be taught the truth, they must be told the facts and learn the results to themselves, their children and the world at large, of perpetuating the diseases and imperfections which threaten the race, and that bringing into the world degenerates, imbeciles, drunkards and consumptives is a crime against the child, against the home and against the nation." (Mrs. Alice Lee Lemoque)

Emerson has said: "A man is what his mother made him", and while education and environment may accomplish some good, no mother love nor maternal care after birth can ever make up to a child for the sins committed against it by forcing it into being unasked, to suffer the penalty imposed by nature for broken laws.

In the education of the young, training and instruction should follow the indications of nature. While the children are young and alike, the same methods and subjects of instruction can be properly pursued, but as they begin to put on sex changes, subjects and methods of education should diverge; whatever education is given should be in line with the natural specialty of each child.

In this respect our public schools are at fault. It takes a man of more temerity than I possess to attack our public school system, and I am not here for that purpose, but a mistake is made when a class of children is started in our graded schools with the hope and expectation that all are to be forced through a fixed and hard curriculum for ten years.

It has been claimed by some that if all the children of a

community were subjected to the same environment of training and education they would make equally successful and ethical citizens. Of course it is a great advantage to a person to have him placed in an environment where good training and education are administered to him, but the inherited abilities for acquiring knowledge cause a great difference in the output of environment.

Then, since all children are not equally endowed, either mentally or physically, no one should be forced beyond its capabilities, and the first effect of strain is felt in a school of fixed grades.

If a child is healthy, bright and ambitious, he may complete the course without injury, but if delicate the strain to keep up with the class may cause collapse before the course is finished. If a boy is neither bright nor ambitious he becomes careless, discouraged, indifferent and finally vicious;then he is sent home and, the parent being discouraged, the boy is allowed to drift, finally terminating in one of the classes of deficients.

We aften boast that two million dollars are given to the common schools for the common child, and we should be ashamed of the fact that nothing is given for the uncommon child. Special schools for this class would save many children, and they could be taught to become useful citizens and bread winners, instead of criminals and dependents.

Technical and manual training schools should be added to the public school system, and when children are found to be unable to take the literary course with ease and satisfaction, they should be placed in the other schools. Their peculiar tastes for a certain line of study or work should be considered, and, if intelligently handled, they would become interested and developed, whereas the forced effort to carry them through the regular curriculum might result in permanent injury.

In this connection, the family physician could render valuable assistance to the family by advising with the parents in regard to the course of study each child should pursue, for he should know the peculiarities of the child and be able to direct with intelligence the line of work for which he is best fitted. It would be a long stride in the right direction if our schools were under the supervision of an intelligent physician, who should advise from time to time with the principals of the schools.

Toxic poisons, including alcohol and drugs, are said to be responsible for twenty to thirty per cent. of defectives, and direct injury to the general nervous system from this cause is wide-spread throughout the land.

Perhaps a more general awakening to this danger than any other is being aroused all over the country. Prohibitory laws to prevent and restrict their sale and use are being enacted by almost all the states, and associations of men and women are organized for the purpose of combating these evils. Alcohol stands first, because of its direct injury to the brain, but the anodynes, morphine, cocoaine, caffeine and the like, all do brain injury and tend to develop latent predisposition to mental abnormalities. They also develop a neurasthenic condition, which in turn may become a dope-diathesis to be inherited by the children of such victims.

The medical profession is largely responsible for the development of the morphine habit and its far-reaching consequences.

In almost every instance, the beginning of taking drugs can be traced to some physician, and we cannot be too careful in administering this drug, and it should never be given except in extreme and transient cases.

So far my remarks have been directed to deterrent agencies, such as vitiate the constitution of the individual, and have tried to show how psychoses appear most readily in those who, either from heredity or direct injury to the various nerve centers, are deteriorating in tone. Now, in conclusion, let me say that a deterioration in the general health of a person tends to bring out any inherited or defective physiology in his brain, as well as in other organs.

The question of public health, then, is a most vital one, for whatever conditions tend to vitiate general health also affect the mentality of the community.

Due credit is given Dr. Peterson, Dr. Searcy and Dr. Van Meter for information obtained from their articles along these lines.

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*USE AND ABUSE OF THE NITRITES.

P. W. ROWLAND,
OXFORD.

A certain medical professor in the city of Detroit made this statement: "Diagnosis is the thing; any damn fool can treat disease".

Let's see. All physicians treat disease; any physician may be a damn fool; this physician treats disease; *ergo*: this physician may be a damn fool.

* Read before the Mississippi State Medical Association at its Annual Meeting in Jackson, 1909.

I certainly do not agree with the learned but erratic professor. Men cannot successfully practice medicine by science alone. The diagnostician is not the master of disease. He who unites with the skill of the diagnostician the art of applying remedies to the treatment of disease is the master.

It is not to be denied that this sentiment expressed by the learned physician in question has too long dominated the minds of many of our profession, leading to its logical end, therapeutic nihilism. I maintain that the study of therapeutics is just as important as that of diagnosis, and we are to be congratulated that a revival of the study of this branch of medical science has begun.

I wish to call your attention at this time to a group of drugs in common use, and yet, to my mind, very frequently misapplied; namely, the nitrites.

They are frequently called, but erroneously so, "vascular stimulants", "heart stimulants", and in very many conditions are prescribed for the purpose of stimulating a weak heart.

The nitrites are pre-eminently vaso-motor dilators, and have no direct effect on the heart. Let us notice, for a moment, the symptoms incidental to the administration of a few drops of amyl nitrite. The phenomena are practically the same in other members of the group. There is at once a dilatation of the meningeal vessels which is followed by redness of the face, heat, throbbing in the head, and sometimes headache. These symptoms are accompanied by a rapid fall of blood pressure, with increased rapidity of the heart-beat. These phenomena are due to the dilatation of the blood vessels of the body, both arterioles and veins, and to a paralyzing effect on the cardiac inhibitory center. This is the result of moderate doses; larger doses slow and weaken the heart owing to the depressing effect of the drug on the heart muscle. It has never been shown by any experiments that the nitrites stimulate the heart muscle, either by direct application of the drug to the heart or upon the nervous mechanism controlling the heart, and the administration of any member of this group, amyl nitrite, sodium nitrite or nitro-glycerine, for the purpose of stimulating a weak heart is altogether irrational.

It may be said that there is practically only one therapeutic indication for the use of the nitrites; namely, in increased blood pressure, and in certain conditions where this is the controlling indication to be met, they are, perhaps, the most important agents at our command. The habit of prescribing the nitrites in fevers as a heart stimulant should be condemned, since in this case there is no increased resistance, and the

heart is already weakened, and an increased lowering of the blood-pressure could result only in harm.

In those cases of pseudo-angina pectoris, when the blood-pressure is very high, due to a contraction of the walls of the blood vesesls from nervous excitation, no more valuable drug than amyl nitrite by inhalation, or nitro-glycerine subcutaneously, is to found.

On the other hand, in true angina pectoris there is a thickening in the vessel walls, particularly of the coronary arteries, and a narrowing of the caliber of the vessels due to arteriosclerosis. Only temporary benefit may be expected in this class of cases from the use of the nitrites.

In the symptom of asthma, the result of so many forms of nervous irritation, both functional and organic, the nitrites are very frequently our sheet anchor.

In fatty degeneration, where the weakened heart is incapable of overcoming the resistance in the vessels, and where digitalis would be contratindicated, the nitrites are of great value.

There is one point which must not be overlooked in the administration of these drugs: they are very rapid in their rate of absorption and excretion. In the case of the inhalation of amyl the effects are instantaneous, and pass off within a few seconds, the effect not lasting longer in the human than half an hour. In the case of trinitrin, ethyl nitrite, sodium nitrite, the effects appear in a few minutes, and last somewhat longer, one-half to two hours. Erythol nitrite appears after a much longer interval and lasts much longer than the others, some three or four hours. In cases of valvular disease of the heart complicated by nephritis the nitrites do valiant service, especially when administered along with digitalis. In these cases the accompanying vaso-constriction is to be overcome, and at the same time the weakened heart must be strengthened, and in no way can this be better accomplished than by the conjoined administration of the two drugs. The nitrite, on account of its more rapid action and excretion, must be administered more frequently than the digitalis.

Conclusions. Nitrites are indicated in arterio-schlerosis, in spasm of the arteries, angina pectoris, asthma, cold extremities, in hemorrhage due to high blood pressure.

Contraindicated in weak heart when not due to increased resistance.

Dr. H. N. Street, formerly of Gloster, has removed to Little Rock, Ark., where he has accepted the position of associate professor of gynecology and pelvic surgery in the College of Physicians and Surgeons.

*THE NERVOUS REFLEXES AND COMPLICATIONS DUE TO PREGNANCY: THEIR CAUSES AND TREATMENT.

I. H. C. COOK,

HATTIESBURG.

The principal nervous, or so-called nervous, reflex of which I intend to speak, is the extreme nausea accompanying the majority of pregnant women.

This usually begins abont six weeks after the cessation of the menses, the beginning of the conception, and lasts for several months.

Most authors whose writings I have investigated claim that this extreme nansea and vomiting is dne to nervons reflex, which they claim is carried from the uterns throngh the connecting nervous supply. This is no donbt trne as far as it goes; the question of how this reflex is bronght about is another thing; why the cessation of the menstrnal flnx and beginning conception and growth of a fetus in ntero shonld cause these violent disturbances in the digestive aparatns, has been the subject of investigation for ages past among the profession. Edgar and some others say that it due to a stretching of the uterine muscles, bringing on an irritation of the nterns and reflexly irritating the stomach.

I do not know that what I have to say in regard to this subject will be entirely new or not; I have not seen this idea advanced by anyone.

I believed for many years that there was a congestion of the spinal sympathetics, brought abont by the change cansed by pregnancy, but for twenty-five years past I have changed this view, and believe now that the opposite condition results, viz: an anaemic condition of the sympathetic ganglia, caused by the congestion which takes place in the uterns, due to increased blood snpply necessary for new life.

The weight of the uterus is increased, and pressure on the surrounding organs, bladder and rectum, as well as other important adjacent organs, the nerves, blood vessels, etc., produces snch a change, that not only do they have nansea or stomach irregularities, but pressnre on the rectnm canses constipation, with all that follows.

I do not believe that one cause alone is responsible for the nausea which accompanies pregnancy. Uterine engorgement, causing prolapsus, pressure on rectum producing constipation,

*Read before the Mississippi State Medical Association at its Annual Meeting in Jackson, 1909.

thereby causing absorption of ptomains, brings on other nervous troubles besides indigestion, loss of appetite, anaemia of spinal sympathetics, which cause irregular heart action and pseudo-hysteria and finally convulsions.

To come to the point, then, we have uterine engorgment, stomach irritation at first, partial paralysis of the bowel, and an anaemic condition of the sympathetic ganglia as a result, and finally circulatory disturbances, and partial paralysis of function in these ganglia. Now these, in my opinion, are the causes of these complications and neuroses.

Now as to treatment, the removal as far as possible of the causes. The engorged uterus can be relieved by several different means.

First is the use of cold douches in the vagina, cold hip baths, some support of the uterus, such as a soft cotton-wool tampon saturated with twenty-five per cent. solution of boroglycerine, confining the patient to the reclining position.

A laxative of a pleasant nature, such as aromatic cascara, with elixir celery compound, or some other preparation best suited to the taste of the patient; enemas of soap and water injected into the rectum at least once daily, give relief.

If the case has received no attention, and is of several days or weeks duration without treatment, there is generally a very tender condition of the ganglia of the stomach, spinal sympathetic, due to its anaemic condition. Friction, with a strong liniment, a mustard plaster, or dry cups, repeated as often as needed to increase the blood supply in this ganglia, will give great relief.

In the worst cases, all medicine per orem should be left off, and the indications met by rest of the stomach, and medicinal treatment given by the rectum, and counter-irritation over the seat of the sympathetics, as mentioned above.

Chloral hydrate, fifteen to thirty grains, combined with double the quantity of bromide of potassium, dissolved in a teacup of warm water or chicken broth, and introduced slowly into the rectum high up, and allowed to remain, thus producing quiet and sleep for several hours duration, has, in all cases I have had to contend with, given the greatest satisfaction.

The desire for food soon returns, so that we can begin with any kind of food of a bland and easily digested nature. Of this I usually allow them to partake just what they specially desire. Usually the fruit juices are desired and prove beneficial.

I nearly always find it necessary to aid the stomach and bowel digestion by the use of a proper digestive, in the worst cases. The various malt preparations suit best in my experience.

I have used the treatment suggested by Dr. Marion Sims, that of painting the cervix with iodine, which has relieved some cases where there was a granulated cervix. Dilating the cervix has been recommended by some writers, but that is somewhat risky and should seldom be resorted to, except in very extreme cases, and where milder means have failed.

Whenever there is much disturbance during the latter months of pregnancy, I have found great benefit in an abnormal supporter properly fitted by the physician.

The complication of constipation is not always due to the pressure of the rectum, but to nerve paralysis, which can be overcome only by the stimulating effect of enemas of magnesium sulphate, or by large clysters of warm water and soap.

The circulatory disturbances are best overcome by keeping the alimentary canal cleared out and the kidneys in good action with alkaline laxatives of lithia and magnesia, administered by the mouth, well diluted with water.

In some cases where they are complicated with inaction of the liver, a few doses of mild chloride of mercury, combined with ingluvin, repeated every two or three hours until the tongue is cleared off, are very helpful, and sometimes seem to be an absolute necessity.

The extreme nausea and other nervous phenomena are very much aggravated by displacements of the uterus, and these special cases are not relieved except by replacing the displaced organs, or by abortion, either by the efforts of nature, or by artificial means. They usually relieve themselves by abortion.

Where the uterus becomes impregnated while in a displaced condition, and is bound down by adhesions, there is no other remedy I know but an abortion or an operation intraperitoneally, and the adhesions torn up, and the uterus replaced and fixed. This, I think, could hardly be accomplished without resulting in abortion.

These cases are really complications of pregnancy, and depend upon it, but have to be met and treated nevertheless.

Deceased.

The Association has lost the following since the April meeting:

Alex. Fairley, Mount Olive, Covington County, May 29th.

A. M. Newman, Meadville, Franklin County, June 14th.

J. H. Plunkett, McComb City, Pike County, April 29th.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

Among other changes in our laws made at Jackson, is one providing for an auxiliary committee to the committee on public policy and legislation. This auxiliary body is to consist of one member in each county, to be chosen by the county society, whose duty it shall be to co-operate with the committee on public policy and legislation by influencing opinion on those matters that the committee deems it advisable to present to the legislature.

The House of Delegates has already instructed its committee as to some recommendations to be presented at the next session and it only remains to be seen whether they can be brought before the legislature at that time. It is believed, however, that the governor will give the necessary assistance, and if he does this will be an excellent opportunity to test the value of the auxiliary committee; therefore we venture a few comments on the selection of its members by the county societies, since the selection of county officers is not infrequently made in a purely perfunctory way or influenced by personal feeling or personal motives.

The auxiliary should, in the first place, be a man of energy; and by energy we do not mean necessarily the kind of energy that makes for success in his profession, but energy that will take him out into the highways and byways and make him spend the necessary time in getting at his legislators.

It is absolutely necessary that he should be loyal to the Association. By this we do not mean that he should sink his own personal opinions and work for the Association's legislation if he believes it ill-advised or harmful. We do not believe that a committee of the Mississippi State Medical Association would ever advocate legislation that any member could not heartily endorse, but honest differences of opinion will always arise and should such exist here, or the man chosen be so situated that he cannot do the work, he should say so

frankly and ask to be relieved, for lax and half-hearted work has been our great source of failure ever since we first began to "memorialize the legislature". We can stand for differences of opinion for, as Mark Twain says, "that's what makes horse races", and we should always accept legitimate excuses—for if we force a man to take this place we will find we have made a mistake. We must have the right sort here.

Finally the auxiliary should be chosen from among the friends of his county representatives. There is little use in sending a man who is politically opposed to a legislator to ask of him a political favor—for that is the way many will construe it. The auxiliary close in touch with his representative can do much more to influence him, both in his opinion and his vote, than can a man who worked and voted against him at the last election, and we are not reflecting on our legislators when we say this, for law-makers are as human as anyone else. Therefore let us have specialists for this work.

University of Mississippi.

The medical department of the state university has been singularly fortunate in securing the services of the well-known bacteriologist, Dr. William Krauss, as dean and professor of pathology. The new official is well known both as a scientist and as an educator and in his selection Chancellor Kincannon has again displayed that unerring judgment that has characterized his administration of the university affairs. The profession in Mississippi is to be congratulated on its latest acquisition.

Dr. William Krauss was born on his father's estate near the city of Kaiserslautern, Rhenish Bavaria, Germany. His course at the gymnasium in his native city was interrupted by his emigration to America. In 1883 he graduated from the department of pharmacy of the University of Maryland with the highest honors. He received medical instruction in the medical department of Washington University (St. Louis) and in the Memphis Hospital Medical College, from which school he graduated in 1889. He then took special instruction in histology, pathology, bacteriology and post mortem work in the universities of Keil and Wurzburg, Germany.

Dr. Krauss had specialized in pathology even before he graduated, and began teaching in his final year at college. He

equipped the first chemical and microscopic laboratories of the Memphis Hospital Medical College and later attended to the equipment, curriculum and credentials work of the College of Physicians and Surgeons of Memphis. Dr. Krauss resigns the chair of pathology and tropical medicine in the latter institution, the position of pathologist to the City and Lucy Brinkley Hospitals in Memphis and has transferred his own private laboratory and practice to other hands, to take charge of this school. He is a believer in high standards of medical education and feels that this can be accomplished best in state institutions.

Dr. Krauss, in commenting on medical education, says: "The education of physicians is an important factor in the material, moral and hygienic uplifting of a commonwealth. The wealthy citizens of the state should aid medical education by liberal endowments. Medicine should be taught in the section where it is practiced and by men having special experience and training in the diseases peculiar to the climate. We of the south must write the texts of the diseases of the southland, and not the men in New York, Boston or Philadelphia, and the public-spirited citizens of the state should see that the teachers be given proper facilities."

Dr. Krauss has also been identified with public health work, having been secretary of the Memphis board of health, member of the Tennessee state board of health, and special diagnostician for the United States public health and marine hospital service.

Dr. Krauss will establish his private laboratory in Vicksburg and will be temporarily located at the Vicksburg Infirmary, where he will receive specimens for examination.

Society Proceedings.

East Mississippi Four County Medical Society met in Amory June 8th. at 2 P. M. The president being unavoidably absent, Dr. W. J. Grady was selected as chairman of the meeting. Dr. Burdine of Amory presented a case of hook worm disease. The doctor had the patient present, and also had a liberal quantity of the worms, which had been expelled and bottled in alcohol, for those present to examine. Three interesting cases were presented by Dr. A. F. Wicks of Wren. The cases, after thorough examination and the establishment of diagnosis, were discussed by Drs. Elkin, Burdine,

Lee, Bryan, Grady and others. Dr. F. E. Lee reported four of his recent cases. Drs. Tubb, Lee and Boozer were received as members of the society. Some very important business was postponed until our meeting in Tupelo in July, because of limited time. Those who were present and took part in the proceedings of the meeting were as follows: Drs. Bryan, Burdine, Tubb, Lee, Grady, Elkin, Wicks, Boozer and Underwood. The visitors were given a nice dinner by the Amory doctors. The meeting adjourned at 5 P. M. to meet at Tupelo the second Tuesday in July.

F. J. Underwood.

Tri-County (Copiah, Lincoln, Pike) Medical Society met at Brookhaven June 8th., with the following members present: Arrington, Butler, Chisholm, Frizell, Dodds, Flowers, Higdon, Jones D. W., Jones R. E., Johnson, Little, McLeod, Magee D. W., Montgomery W. E., Neville, Rice, Segrist, Thompson. Visitors: McCaleb and Ratliff. Dr. Bridges, first on the program, was absent, but Dr. Arrington took up the subject, cystitis, and made quite an instructive talk. It was discussed generally by Drs. Little, Jones, Frizell, Rice and Johnson. Dr. Frizell was next on program, and presented the subject "Anatomy And Diseases Of The Stomach", illustrating by charts and drawings. This was discussed generally by members present. Dr. R. E. Jones read a masterly paper on "Gunshot Wounds Of The Abdomen", which was discussed generally. The doctor is one of our oldest and most active members, always coming up with a valuable contribution when on the program. Dr. Rice followed with a good discussion of "Internal Suture", illustrating on the black-board different methods of suturing. This closed the regular program but some interesting clinical cases were presented, among them a case of Banti's disease and one of Quinke's disease. These being very rare conditions, were most interesting. Dr. Ullman, councilor for this district, being present, was invited to address the society, which he did, speaking more particularly on the subject of local post-graduate courses. It is very likely that such courses will be taken up by the larger towns in our territory. The society, being the guests of the president and secretary on this occasion, now repaired to the dining room of the Brookhaven Sanitarium, where refreshments were served. Next meeting will be held at Brookhaven, August 10th.

D. W. Jones.

History Of The Mississippi State Medical Association.

1902. At the 1902 meeting the executive committee presented for the consideration of the Association the laws relating to county health officers and coroners, urging that the salaries and duties of the former should be equalized by legislative enactment and that steps be taken to see that the latter be always chosen from among the members of the medical profession. These recommendations were referred to the committee on legislation with the endorsement of the Association but nothing was accomplished.

1903. The 1903 meeting marks the beginning of an increased interest in organization on the part of the physicians of Mississippi. This meeting was to have been held in Greenville but, owing to prolonged overflows in the Delta that made traveling by rail uncertain, the committee in charge found it advisable to transfer the place of meeting to Vicksburg.

Dr. McCormack, organizer of the American Medical Association, was in attendance at the invitation of President Sutherland and addressed the Association, advocating re-organization on the lines suggested by the A. M. A. committee. A committee spent two days considering the plan and recommended its adoption, which recommendation was adopted by a unanimous vote.

1904. The wisdom of this move was soon apparent, as is manifested by the report of the secretary at the 1904 meeting: "We have, through our councilors, effected organization in 46 counties, with a total membership of 520. Of these, 142 were already members, leaving a net gain since our last meeting of 378 members; the largest gain by far for any year in our history".

At this meeting the Association decided to resume relations with a monthly publication and adopted as its official organ the *Journal of the Mississippi State Medical Association*, published in Vicksburg, the name of which was changed in 1906 to the *Mississippi Medical Monthly*. The Association also took steps to perpetuate the records of the Surgeons of the Confederate States from Mississippi by appointing Drs. J. C. Hall, J. A. Rowan and H. Christmas a committee to take the matter up with and to assist the Department of Archives and History of Mississippi.

1905. There is little of interest to be noted in the year prior the 1905 meeting. The officers apparently rested on their oars and were satisfied with the results of the previous twelve months and the natural gain in membership that would necessarily accrue from them, for the minutes of the meeting, which was held in Jackson, show nothing of work or progress beyond the introduction of a resolution requesting the county societies to bestir themselves in an endeavor to secure from the legislature an appropriation for a state bacteriological laboratory.

1906. During the year prior to the 1906 meeting the work of the Association was severely handicapped by the prolonged illness of its secretary but this was in a great degree compensated by the energy of the president, Dr. E. H. Martin, of Clarksdale, who personally conducted a campaign for increase of membership and succeeded so well that the meeting in Jackson over which he presided was by far the best, both in attendance and in work accomplished, in the history of the Association. The secretary's report shows an increase in membership of 138, with five organized counties not reporting, and an increase of seven in the number of organized counties. At this meeting the Association contributed one hundred dollars to the N. S. Davis Memorial.

One of the most interesting items in the minutes of this meeting is the following resolution: "Resolved, that the gratitude of this Association has been earned by Dr. C. Kendrick and other physicians of our State Legislature for their indefatigable and earnest labors for the protection of the public health and the interests of regular medicine in Mississippi".

Association Presidents.

E. P. SALE, Aberdeen,

President 1879-80.

Eugene Paul Sale was born in Cortland, Ala., June 15th, 1845. His father, Jno. B. Sale, was a circuit judge, and his mother was of the Sykes family. Soon after his birth the family moved to Aberdeen, Miss. He died in Memphis, Tenn., June 8th, 1901 from the results of an intracapsular fracture.

Dr. Sale was educated at LaGrange College, Ala., and graduated in medicine from Tulane in 1869, at once entering practice at Aberdeen. He went to London in 1874-5 where he

did post-graduate work at St. Thomas' Hospital. In 1888 he did further post-graduate work at the New York Policlinic and Post-Graduate Medical Schools. In January 1889 he moved to Memphis, Tenn., where he later held the chair of materia medica and therapeutics in the Memphis Hospital Medical College.

As a young man, Dr. Sale served in the Confederate Army, being wounded several times, and was present at the historic siege of Vicksburg. As a physician he enjoyed an enviable reputation, having considerable surgical ability and being the originator of several surgical appliances. He was married in 1871 to Miss Mollie Edmunds Sykes, who, with a daughter, survived him.

Mrs. Eva Sale Michie.

P. J. McCORMICK, Yazoo City,

President 1876-7.

P. J. McCormack was born in Ireland in 1828 and died in Yazoo City in January 1905. He came to America as a youth, settling in the South, and was engaged in the practice of medicine in Meridian, Miss., at the outbreak of the civil war. He entered the Confederate Army as a surgeon and served throughout the four years. His son, Dr. J. I. McCormick, is a practitioner of Yazoo City.

W. G. KIGER, Brunswick,

President 1892-3.

William G. Kiger is the son of Col. B. G. Kiger, a well-known planter of Warren County and was born on his father's plantation at Eagle Bend, near Brunswick. He received his academic education at the University of Virginia and graduated in medicine at Tulane, in New Orleans, in 1876.

Dr. Kiger is a man of varied accomplishments and great breadth of intellect. In addition to the practice of his profession he has had to devote much care and attention to his extensive planting interests, but has found time to serve the state as member and president of the State Board of Health, his administration being markedly successful. He has also served as state senator from his county and his career as a legislator was a boon to his profession.

Book Reviews.

CLINICAL DIAGNOSIS AND TREATMENT OF DISORDERS OF THE BLADDER with Technique of Cystoscopy. By Follen Cabot M.D. Professor Genitourinary Diseases, Post-Graduate Medical School; attending Genitourinary Surgeon, Post-Graduate and City Hospitals, New York. 8vo, 225 pages, 41 illustrations, 1 colored plate. Prepaid $2.00. E. B. Treat & Co., Medical Publishers, 241-243 West 23d Street, New York.

Although not as elaborate as many works on the subject, this book by its conciseness and clearness of statement will appeal to many who are weary of wading through long-winded discussions and have been compelled to separate the wheat from the chaff at the expense of much labor. Cystitis is fully covered and the technique of bladder instrumentation is made so clear that "he who runs may read".

MYERS.

LEGAL MEDICINE AND TOXICOLOGY. By R. L. Emerson M.D., formerly instructor in Physiological Chemistry, Harvard University Medical School. D. Appleton & Co., New York. Price $5.00.

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MYERS.

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MYERS.

MISSISSIPPI MEDICAL MONTHLY

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*THE ETIOLOGY AND PROPHYLAXIS OF MALARIA AND SOME OBSERVATIONS IN THE MISSISSIPPI DELTA.

J. T. LONGINO M.D.,

JONESTOWN.

In selecting the subject malaria, I realize that I select one that is the subject of frequent discussion and one that has been the title of many papers; but considering the prevalence of the disease in our locality it is one that should never grow stale to us and one about which we cannot learn too much. At present we find a tendency among the leading physicians of our land to arouse an interest in the prophylaxis of disease, and to educate the public to the best means of preventing disease.

In our own state our present Board of Health has launched a campaign to this effect, which promises much good to the public health and well-being of the people. A great crusade against the spread of tuberculosis is developing all over the world. Great efforts are being made to vaccinate the people and immunize the human race against small-pox. The medical profession now is so familiar with the mode of transmission of yellow fever that its spread can easily be prevented. In fact there is a growing tendency to educate the public and do more efficient work against the spread of all infectious and contagious diseases.

In our efforts along this line we must not forget the prevalence of the infection of malaria and the importance of its prophylaxis. Since the discovery of the malarial parasite in 1880, and since the discovery of the mode of transmission of this parasite from one man to another by a particular species of mosquito in 1898, the prophylaxis of malaria is well nigh under our control. In this paper it is more particularly the prophylaxis of malaria that I wish to emphasize and impress, and in as simple, brief and condensed form as possible.

With our present knowledge of malaria we can teach our clientele the prophylaxis of malaria in such a simple manner

*Read before the Clarksdale and Six Counties Medical Society.

that they can institute an effective prophylaxis in their own homes, around their own premises and in their every-day vocations. The etiology of malaria is now known to be a parasite, which was discovered by Lavern in 1880 and has received the somewhat inappropriate name of plasmodium malariae.

The transmission of these parasites is now known to be through what is termed the mosquito-malarial cycle.

Older writers attributed the presence of malaria to certain telluric and climatic conditions, and they observed that the cultivation of the soil and malaria were two factors that flourished counter to each other; that where husbandry did not exist malaria was luxuriant, but when the soil was tilled malaria diminished and even diappeared. They designated malaria a telluric disease and confirmed it with the fact that ships' crews were safe so long as they remained on board the vessel, even though the vessel lay near an infected coast, but that a few hours sojourn on land was sufficient to contract the disease. They observed that people who slept some distance above the ground suffered less from malaria than those who slept near the ground. They observed that laborers lost their lives in the excavation of the ground in building railroads, canals, fortifications, streets, and the clearing of the woods and the cultivation of the virgin soil.

They considered also that heat had a considerable influence as a causative agent in the production of malaria, because malaria was more prevalent and malignant nearer the equator and diminished as it proceeded toward the poles, and that malaria was more prevalent in summer than winter. Moisture was also given as an important factor in the production of malaria, and they observed that malaria was more prevalent during and after abundant rainfall and that more malaria existed on the banks of rivers, coasts of seas, in swamps and marshes, and in places in which existed small water basins, ponds and puddles, and in countries subject to natural inundations or artificial flooding. As a matter of fact, all these conditions of warmth, moisture, and soil, are necessary for the development of malaria, but we know now they are simply factors which influence the mosquito and the parasites they convey.

Just a few years ago it was thought that the infection of malaria gained entrance into the human organism through the digestive tract and some articles of food. Our hard pump water has long been held responsible for the prevalence of malaria in the Mississippi Delta, and we have often heard the expression that there is a chill in every cucumber we eat.

It was thought that malaria was miasmatic and infected the human system through the air passages. How well do we remember that only a few years ago the older and wiser heads among us, could with such confidence and plausibility, explain to us the theory that the deadly miasma arising from the decay and putrefaction of vegetable and animal organic matter, and the stench emanating from the foul marshes and swamps would enter our nostrils and infect us with malaria. We know now that these conditions have nothing to do with the production of malaria except in a way that they have influenced the production of the mosquito. Therefore the study of the etiology of malaria embodies the study of the mosquito. The numerous species of mosquitos are classed into families, subfamilies and genera, and it is a wise provision of nature that the power to transmit malaria is limited to the female of a few genera of the subfamily anophelinae, of which the anopheles is one of the most commonly known, and for the sake of convenience, in referring to the malarial mosquito, I will use the name anopheles, and for the purpose of this paper it is only necessary to mention the names of three genera of the mosquito, the culex, the common gray, gutter mosquito; the stegomyia, the brindled, yellow fever mosquito; and the anopheles, the dappled-winged, malarial mosquito.

The anopheles has a proboscis that makes an angle of about fifteen degrees with the body, while in the other genera the angle of about forty-five degrees. As a result the anopheles has an owl-like appearance; the others are hump-backed. The anopheles can be recognized by its attitude while at rest on the wall. The body projects from the wall at an angle varying from five degrees to ninety degrees, while in the others the body lies more parallel to the wall, with the posterior end closer to the wall than the thoracic end.

Their manner of reproduction consists in the deposit, by the full-grown female anopheles, of the eggs on the surface of the water. The eggs hatch and develop into the successive stages of larva, pupa and imago or the matured mosquito. By close observation in a barrel of water we can see the development of the mosquito in the various stages. While in the stage of larva they are commonly known as wiggletails. In the anopheles it requires about thirty days for the development from the egg to the matured mosquito and about twenty days longer to lay eggs, so that it requires about fifty days to the generation. In other genera the time of a generation is much shorter. During one summer there may be two or three generations of the anopheles according to the temperature. As to

the breeding places of the mosquito, there is no collection of water, however insignificant, which it is safe to disregard as a possible source of larvae. From the large open sheets of water to the small collections in the hollows of the leaves in the jungle, the larvae may be found. In cess-pools, tanks, deep wells, cisterns, and in all well-known sites about domestic dwellings, as small puddles, pots, pans, tubs, rain-barrels, old tins, and broken bottles, in back eddies in running streams, in canals, lakes, bayous, ponds, in swamps and marshes, in pockets in solid rock, in the bottom of old boats, in pig troughs, and in the foot-prints of cattle. It is true, however, that the breeding places are different in different genera. The anopheles seem to be more select in their breeding places than the culix and stegomyia. They prefer clearer water and are more commonly found in the back eddies of running streams, near the banks of lakes, in ponds, bayous, marshes and pools of water made by recent rain, in fields and swamps. It is the culex and stegomyia that breed in the foul and dirty water generally found about dwellings and tenement houses, as in cess-pools, barrels, tubs, gutters, and old tins.

As to the time of feeding we find that the anopheles are as a rule nocturnal in their habits, and if we succeed in preventing the bite of the mosquito at night we usually escape malaria. As a rule the height of their flight doesn't exceed twenty feet from the ground, which explains the fact that people sleeping in the second and third stories of buildings are less apt to contract malaria than those who sleep nearer the ground. The anopheles do not travel far from their breeding-places, but are considerably influenced by wind and rain. They have been blown long distances by wind and they seek shelter from the rain and gain entrance into the homes of the people. It is a fact, however, that if all domestic dwellings were built some three or four hundred yards away from waters that are favorable to the reproduction of the anopheles the occupants would be practically safe from their infection. We should condemn the practice of the people in this country, of trying to build their homes near water courses, lakes, etc., and our farmers in trying to build all their tenement houses even on the banks of bayous and ponds.

The length of life of the anopheles is not exactly known, but if properly fed they will live two or three months. In temperate climates they pass the winter in two forms, by hibernation of the insect and by hybernation of the larva. The hybernating insects are all females and all fertilized. In the spring they arouse from hibernation, lay their eggs and die.

The hibernating insects have often been found in dwellings, outhouses, stables and cellars. The hibernating larvae can be found in water, mud, and has even been found in ice, and after receiving the proper amount of warmth would arouse to life and activity.

Wherever malaria exists some genera of the anophelinae exist. The converse, however, is not true. The anophelinae do exist in localities in which there are no malaria. The anopheles must become infected with the malarial parasite before it can transmit malaria, and this can only be done by the female anopheles sucking the blood of a human being infected with the malarial parasite and besides taking into its stomach the malarial parasites the anopheles must get at least one of a particular kind of parasite called a merozoite, which is a young parasite that possesses both male and female elements, and grows into two different sexual cells. Eventually the male penetrates the female and fertilization takes place. The result is a newly-formed nucleated cell. This nucleus now proceeds to divide into spores and the spores subdivide into sporozoits, and by this time they have passed through the membranes of the stomach of the anopheles into the circulation and then find their way into the salivary glands, and when the anopheles inserts its proboscis through the skin into the blood and forces saliva into the tissues, with which to dilute the blood, the sporozoits are injected into the blood, and another individual is inoculated with malaria. This completes the sexual cycle in which the anopheles is the immediate host. The sporozoits now constitute a new infection and undergo a new cycle of development called the asexual cycle in which man is the definitive host. The sporozoits divide by fission into spores and these spores are called merozoits, which brings us back to the starting point of the mosquito-malarial cycle.

The spores in the blood of man develop into the mature parasite and sporulate again, and it is at the time of this sporulation that the malarial paroxysms occur. They are classified as follows: those that sporulate in seventy-two hours and cause a chill and fever on the fourth day are called the quartan; those that sporulate on the third day, forty-eight hours, are called the tertian; those that sporulate on the second day, twenty-four hours, are called the quotidian. The quotidian, or every-day chills and fevers, are sometimes caused by a double infection of the tertian or a triple infection of the quartan, in which the sporulation of one generation occurs one day and the sporulation of the other generation occurs next day.

In the quotidian and tertian varieties are observed para-

sites that sporulate and form crescents. There may be several generations of one variety of parasites, multiple infection, or several different varieties, or a mixed infection, which causes irregular or remittent, or more malignant fevers. Some authors group these into one group called the estivo-autumnal variety. In some instances in these mixed infections, the fever from the sporulation of one generation doesn't have time to subside before the sporulation of another generation, and the fever becomes continuous, giving rise to our commonly known "slow fever", and it is from some varieties of this crescent-forming group that we get our more irregular and pernicious fevers, black-water fevers and hemorrhagic fevers.

In microscopical examination, the tertian parasites are found readily in the peripheral circulation, while the quartan and more especially the estivo-autumnal seem to exist more abundantly in the more central circulation as in the spleen, liver, brain and bone marrow.

It is the tertian variety that is so amenable to the quinine treatment and in which quinine is absolutely a specific, but it is less so in the quartan, and almost of no avail in the estivo-autumnal.

The prophylaxis of malaria consists absolutely in the prevention of the inoculation of the malarial parasite by the infected female anopheles, which we sum up briefly under the following three heads: by preventing the infection of the anopheles with the malarial parasite; by preventing the inoculation of man by the anopheles with the malarial parasite; by preventing the reproduction of the anopheles.

If a case of yellow fever should occur in this country at present all that would be done would be to screen the patient so that the stegomyia could not gain access to him and get infected, and a yellow fever epidemic would be prevented. The same principle, while not so practical, is just as applicable in malaria as in yellow fever.

It is not practical because so many people are infected with the malarial parasite and don't know it, but we can at least confine our malarial patients under mosquito bars while they are sick enough to be confined to bed. This will often prevent the infection of other members of the immediate household. But when the female anopheles sucks the blood of an individual infected with malaria and becomes herself infected with the malarial parasite, then we have to institute a warfare and fortify against the enemy. If there should be any anopheles in our homes, we should fumigate till they are annihilated. Then we should screen our doors, windows, and all

entrances into our homes through which they might gain entrance. As the anopheles are mostly nocturnal in their habits, we must more especially screen our sleeping apartments, and even this is not sufficient, but we must take a double precaution and sleep under mosquito bars.

If it were possible to prevent all standing water, the breeding places of mosquitos would all be destroyed and the mosquito family would disappear and the malarial parasite would become extinct. This is scarcely possible, but great good can be done along this line by a system of levee-building, canalization, drainage, and leveling the soil. Magnificent results have been accomplished along this line in the oldest and best developed countries in the old world, and even in our Mississippi Delta. For a brilliant example I refer to Holland. She, by her system of levees, canals, wind mills and drainage, has converted swamps and marshes, that were actually below the sea level, from veritable hot-beds of malaria into cities, villages and fertile fields that are practically free from malaria.

In the first settling of this Mississippi Delta, malaria showed an endemicity, that from a standpoint of malignancy and perniciousness, was scarcely behind that of the coast of West Africa, and other tropical countries. We have seen the transformation of large areas of timbered land, swamps and marshes, into cultivatible fields, the building of levees and a prevention of the annual inundations of our land from the Mississippi River, the improved conditions of drainage, the development of industry, the increase of population, the improved condition of the people, the development of hygiene, and along with this a diminution of the prevalence and malignancy of malaria. Who knows what the next decade may bring about. Already our government, both national and state, has appropriated funds and our citizens have organized drainage districts of gigantic plans and the digging of canals has actually begun. I believe the time is coming when the Mississippi Delta will be referred to as one of the most healthful localities of the south, because typhoid fever is not endemic here, and some other diseases don't seem to be as prevalent here as in higher climates, and when we get rid of malaria we won't have much left.

*OUR STATE MEDICAL LAWS.

H. X. RICHARDSON M.D.,

GULFPORT.

It is always a source of pleasure to me to be present at these meetings and listen to others read papers and discuss the various subjects proposed, but when it comes to taking part or reading papers myself I feel like most physicians and the officers do when called upon to enforce the laws in regard to the practice of medicine, and want to say "Please excuse me; I don't feel that this comes in my line of business."

However, I shall on this occasion act as I think they should. I will do my best if I fail. I naturally feel an interest in this subject, as it was my fortune to be a medical student at the time the law was proposed and had as my preceptor one of the foremost, if not the foremost agitator of the proposition. I say one of the foremost, because I remember reading, section by section, a similar, if not the same, document to that which finally passed the legislature regulating the practice of medicine. It had been written by him and had never yet been printed. He was also a member of the State Board of Health and one of the first who examined applicants under that act. I speak of Dr. J. M. Taylor of Corinth, whom perhaps none of you knew but who is well remembered by many of the older physicians as an enthusiastic and energetic worker in this cause, and one who after the law became effective used every means possible to have it enforced.

As an example of the meaning of the law as the writers saw it and intended it, I give an incident that occurred while I was studying in his office. I went down on the public square for something and there saw one Dr. Lighthall from the town of Peoria, Ill., the long-haired, wild-west, Indian doctor, selling "soap". He would sell a two-cent cake of soap for twenty-five cents and give the buyer a two-bit box of corn salve. This was done in order to evade the medical law just passed, the purpose of which everyone then knew but have now seemingly forgotten, that of preventing quacks and nostrum dealers from plying their schemes and plundering and poisoning the people. This man knew better than to propose to sell his medicine outright, hence did not attempt it. I went back to the office and told the old doctor what was being done. I could see an angry flash in his eye at once. He took his hat and started for town. In half an hour Dr. Lighthall was under

* Read before the Harrison County Medical Society.

arrest, cursing and fuming and talking about what a h—l of a town we would have if such a procedure continued. He was told that the law was made for just such as he and that he must keep out of the state.

The difference beween the enforcement of the law then and now was plainly shown in Gulfport last week and may be going on now. We saw a negro up on a platform using all kinds of foolish, silly talk to draw a crowd so that he could tell them of a wonderful remedy and its originator, a great doctor whom they could consult by stepping inside. As a result many dollars of good money have left the people of Gulfport just when it is so much needed. Some think it hurts the doctor. Not by any means, except by making the people for whom he works poorer and less able to pay him. I know it has given me work. I have just done six dollars worth of work for one poor victim. When I went in the patient was in such a rage that I asked "What have you been doing to her?" A woman rushed out and soon returned with a bottle about a foot long containing a pinkish liquid which appeared to be almost as strong as water. About one-fourth had been taken by the patient. She said: "I am not going to take another dose." Her husband replied: "Then I will have to take it to save it. It cost me a dollar and I can't lose it." I told him that he ought to be compelled to take it for being so silly as to buy it, but that he must never impose upon his wife in that manner again.

I came down town and asked why such traffic could not be stopped and it was suggested that the "doctor" was putting it in some of the drug-stores, by whom it was sold. If that is the case the "doctor" and the druggist who sells it constitute a partnership who are prescribing and practicing medicine without a license. Some of our physicians have interests in drug stores, but I cannot think that any physician in Gulfport would permit a store in which he was interested to assist street peddlers in violating the medical law, nor do I think we have a store that would shelter such violators.

This man was practicing without a license, and why? Because we, the doctors, permitted it. We can't do a thing. If we have one arrested he is released. How long would this be the case if we, every doctor in the state, would refuse to assist in the election of any officer who would not promise to punish all who violate this law?

Suppose one of our best young men should attend four regular courses of lectures at, and graduate from some good college and come here and locate without securing a license.

Do you suppose he could practice and not be arested? If this is the case when one is competent and well informed, why should we sit still and permit such violations as we have all seen in the past few days? Is it not high time we were asserting ourselves and putting a stop to all such proceedings?

The law was first intended for the protection of those who know no better than to be gulled by every shark who passes. Shall we continue to punish the good and let the wicked go free? Cannot some remedy be suggested? If not, suppose we drop the whole thing and let all have the same privilege.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

With the confederation of the German states and the unification of the standards of the twenty-two state universities under the Kultus Ministerium, Germany at once took front rank among the nations of the world in scientific and medical education. In America, where any corporate body of men can obtain a charter from a state to confer any sort of degree under any sort of title we had two hundred and forty medical schools who turned out graduates in unlimited numbers, many of them uneducated, even illiterate.

Gradually, however, many factors contributed to bring about a change in the order of things. State examining boards required higher standards of education, the diplomas from many schools failed of recognition outright, such graduates not even being permitted to stand for examination. The Associations of Medical Colleges, and, later, the Council on Medical Education, worked in harmony for better standards. The progress of medicine, laboratory study of physiology, pharmacology, the clinical, biological, chemical and other laboratories required the undivided time and services of highly trained men who had to be paid salaries, and the commercial medical school no longer got dividends out of tuition fees. Spectacular amphitheater pyrotechnics, the educational value of which is equal to nil, had to give place to individual work in the laboratory, the dispensary and in the hospital ward, the corps of teachers had to be increased, while, on the other hand, the sizes of the classes continued to decrease, and the last *raison d'etre* of the commercial school has disappeared. A few independent schools, whose "professors" find compensation in the collateral profit arising out of being medical teachers are doing good work, but such motives are only temporary stimulants to ambition, and the school proper is the side issue in the careers of the teachers.

With these changes in standard and method, medicine in

America has come into her own. The art will share with the Liberal Arts, Law, Agriculture, Handicraft, etc., the privilege of being taught in state institutions, a diploma from which is a guarantee of professional and moral fitness to practice medicine.

With the opening of the new university medical school at Vicksburg the Mississippi boy can complete his medical education at home, with the assurance that his diploma is equal to that from any members of the American Association of Medical Colleges before state licensing boards. The university no longer has the competition of independent schools.

With the advantages offered by a state university having a corps of salaried teachers there is no longer any excuse for the young man wanting to qualify as a doctor of medicine patronizing independent schools whose diplomas and certificates of attendance are not recognized. The honor of being the possessor of a medical diploma from the University of Mississippi is worth, many times over, the extra effort required to obtain it.

Society Proceedings.

East Mississippi Four County Medical Society held its regular monthly meeting at Tupelo, July 13th. Meeting was held in the court house with electric fans all around and ice water in abundance. President L. C. Feemster occupied the chair. The visitors were Drs. Wm. Krauss of Vicksburg, Durley of Aberdeen, Stephens of Amory, Weaver of Mooresville, Senter of Fulton, Hughes of Kirkville, Carruth of Chesterville.

On motion of Dr. G. S. Bryan of Amory the courtesies of the floor were extended the visitors.

Call by the president for report on clinics showed two cases: one by Dr. Keyes, case of lymphatic oedema. Discussion by Drs. Krauss and Wendel. The other clinic was an eye case from Beuna Vista furnished by Dr. A. J. Brand, of that place. This clinic being one of the prominent citizens of Buena Vista.

Upon call for papers Dr. Krauss read an interesting paper on the Diagnosis of Malaria, with exhibition of slides and methods of obtaining same. This paper was heartily approved by Drs. Durley, Anderson, Wendel and Stephens. Dr. Krauss also very ably and interestingly discoursed on Blastomycosis. The society voted thanks to Dr. Krauss for his paper and talk.

Before adjornment the thanks of the organization was extended to Sheriff Trapp for courtesies shown the members in furnishing the court house for metting place.

At this point an invitation was received from the St. Clair Drug Company extending the courtesies of the store. The entire delegation repaired to the store, where soft drinks, etc., were served liberally without price.

The convention adjourned to meet in Houston on the second Tuesday in August.

The visitors were banquetted at Hotel Read at 8 o'clock P. M., where an elegant repast, with music, was served by this noted hostelry.

The president appointed on the Committee on Public Policy and Legislation: Dr. R. P. Wendel for Monroe County, Dr. W. C. Spencer for Lee County and Dr. R. M. Sadler for Chickasaw County. The appointment for Itawamba was continued until the Houston meeting.

Harrison County Medical Society met on July 13th. The meeting was called to order with Dr. Morris, Vice-President, in the chair. Those present were Drs. Morris, Parker, West, Sheely, Mohler, Shipp, Cox, Hood, Henry, Richardson and as visitors Drs. Howard and Martin of Vicksburg. There were no clinics or discussion of cases. Dr. Sheely read a paper on "Pure Food And Pure Food Laws". The paper was discussed by several of those present. Dr. Howard, who is secretary of the State Medical Association, mentioned that one difficulty about pure food legislation was that the public at large are indifferent and that the physicians meet and pass resolutions to legislature, etc., then quit and do nothing more. He suggested that the physicians hold public meetings to instruct the public and arouse public opinion. Dr. Parker said that it was useless to talk to the public about the use of preservatives when ninety per cent. of them use preservatives in their domestic preserving. Dr. Shipp called attention to the difference between preservatives and adulteration in the pure food discussion. Drs. Mohler and Sheely said that preservatives were largely used to preserve decayed and inferior articles. Dr. West suggested that the medical society have various members to write articles along this line and have them published in the newspapers under the auspices of the society. After some discussion Dr. West moved that a committee be appointed to arrange for public meetings and newspaper articles. Motion carried and Drs. West, Mohler and Sheely were appointed as publicity committee. Dr. Shipp objected to a $1.00 fine, as he

had his paper all ready to read. It was moved that Dr. Shipp be requested to read his paper at next meeting. Motion carried. Dr. Howard was called upon to speak before the society. He made a most excellent talk, and among other things mentioned his connection with the Medical Department of the State University. He called especial attention to the facilities offered and the need of sending the Mississippi student to our own school. Dr. Martin of Vicksburg made an interesting talk, making various suggestions as to the best means of obtaining results in a legislative way by the medical fraternity. He also commented upon the facilities offered by the Medical Department of the University. Dr. Morris made a short report on mushroom poisoning, mentioning that the symptoms of such poisoning were similar to insanity symptoms. There being no further business, the society adjourned.

History Of The Mississippi State Medical Association.

1907. The 1907 meeting, held at Gulfport, was notable for the launching of an organized movement for the upholding of fees for insurance examinations and the passage of resolutions requesting the legislature to require a diploma as a requisite for application for examination for license.

The question of the insurance fees was one that had excited much interest for the year prior to the meeting, Adams County being the hottest storm-center, and a number of the county societies had already taken action in the matter. The Association did not make adherence to the resolutions passed by the House of Delegates on this occasion a test of membership and therefore there was some falling off, but much good was accomplished by them.

The resolutions are as follows:

WHEREAS, the class of examinations required by life insurance companies is of a nature which entails responsibility and which in justice to the medical profession should not be made for less than $5.00; and

"WHEREAS, we charge a similar fee for examinations of a like character; therefore be it

"*Resolved*, that we, the members of the State Medical Association, hereby agree to make no examinations for any old-line

life insurance company for a minimum fee of less than $5.00; and

"*Resolved further,* that the officers of all county societies request, and if possible obtain, from all reputable physicians who are not members of our association, an agreement to co-operate with the local societies in maintaining the $5.00 fee for such examinations.

"*Resolved further,* that no member of this association enter into any compact or agreement with any corporation, society, association, company or individual to examine applicants for insurance for any stated salary or lump sum, thereby evading the spirit and intent of these resolutions.

"*Resolved further,* that the payment of all fees shall be authorized by the home office of the society or corporation to which such application is made, and under no circumstances shall an examiner receive or accept any part of a fee from an agent or any other person unless the full fee be paid by authority of the home office.

"*Resolved further,* that each member of this association pledge himself or herself that in case a fellow-member be removed from the position of examiner for any corporation or society solely because of this action of the association, that he or she will not accept an appointment from such corporation or society as examiner, nor make any examinations for the same in Mississippi.

"*And Be It Further Resolved,* that these resolutions go into effect on and after their passage.

1908. The following year, 1908, the Association went to Natchez, where it was given a royal welcome. The financial stringency of 1907 had caused a slight falling off in membership and the inaccesibility of the place of meeting reduced the attendance very materially, but those who were present were amply repaid for their extra exertions by the social attentions, which exceeded anything in the recent history of the Association.

Dr. J. N. McCormack, of Bowling Green, Ky., the national organizer of the American Medical Association, was a guest of the Asociation on this occasion and entertained and delighted the members with an address replete with humor, eloquence and good advice.

Association Presidents.

E. L. McGEHEE, New Orleans.

President 1893-4.

Edward Larned McGehee, a grandson of Judge Edward McGehee of Mississippi, was born on the Westwood plantation, near Woodville, Miss., April 4th. 1852. He was educated at Southern University, Greensboro, Ala., taking his bachelor's degree in science in 1871, and graduated from the Medical Department, University of Louisiana, in 1874. He practiced his profession eighteen years in Wilkinson County and then moved to New Orleans, where he has lived ever since, devoting his attention especially to matters of hygiene and being particularly interested in educating the public in regard to tuberculosis.

Dr. McGehee was married March 4th. 1875 to Miss Anna Overton Webb of Greensboro, Ala., and has five sons: three practicing physicians living in Louisiana, one medical student in Tulane University and one student of dentistry. Besides his local, state and national medical affiliations, Dr. McGehee is a member of the National Public Health Association.

Personal Notes. 1908.

P. W. ROWLAND, Oxford.

President 1894-5.

Peter Whitman Rowland was born at Oakland, Miss., Feb. 25th. 1861, of Virgina stock. His great-grandfather, Michael Rowland of Virginia, who took part in the Revolutionary war, being present at the battle of Guilford Court House, traced his ancestry to John Rowland of Surrey, England, who came to America in 1635. Creed Rowland, a son of Michael, moved to Mississippi about 1840 and settled in Lowndes County, later going to Aberdeen, near which place he died, 1866. His son, Dr. Wm. B. Rowland, was the father of the subject of this sketch. Dr. Rowland's mother was a Tennesseean, a descendant of Chas. Moorman of Louisia County, Va., who emancipated his slaves in 1778.

Dr. Rowland was educated in the private schools of Memphis, Tenn., and at Oakland Academy, took his medical degree from the Memphis Hospital Medical College in 1882, and settled in Coffeeville where he practiced fifteen years prior to his removal to Oxford. In 1887 he took post-graduate work in the hospitals of New York and Philadelphia, attending a course at the New York Polyclinic. He was appointed a member of the

Board of Health in 1900 by Gov. Longino and re-elected to this position in 1904 by the Medical Association. In 1903 he was elected to the chair of Materia Medica, Pharmacology and Hygiene in the Medical Department of the University of Mississippi. He is also physician to the University.

Dr. Rowland married, Jan. 15th. 1885, Miss Eugenia Susan Herron of Coffeeville, and has four children: Mary Victoria, Francis Herron, William Brewer and Peter Whitman.

Personal Notes. 1907.

Book Reviews.

BACTERIAL FOOD POISONING. A Concise Exposition of the Etiology, Bacteriology, Pathology, Symptomatology, Prophylaxis and Treatment of So-Called Ptomaine Poisoning, by Dr. A. Dieudonne, Munich. Translated and edited with additions by Dr. C. A. Bolduan, Research Laboratory, Department of Health, New York. E. B. Treat & Co., 241 W. 23rd St., New York. Price $1.00.

We doubt if as much actual value for the money is offered in any other medical work as in this small volume of one hundred and twenty-eight pages. Covering the ground of meat poisoning, fish and mollusc, cheese, ice cream, potato, canned goods, and metallic poisoning, followed by an extensive bibliography and a complete index, it presents concisely and accurately a subject on which many are poorly informed and which it is impossible to find considered with any accuracy as to symptomatology or treatment in the average text-book.

MYERS.

SAUNDER'S QUESTION COMPENDS. Essentials Of Bacteriology by M. V. Ball M.D., formerly Instructor in Bacteriology at the Philadelphia Polyclinic. Sixth edition, thoroughly revised. 12 mo. volume of 290 pages, with 135 illustrations, some in colors. W. B. Saunders Company, Philadelphia. Cloth, $1.00 net.

All compends are more or less objectionable since they promote laziness in the student, but some have much material in them that is good so far as they go and this is one of that class.

SPROLES.

THE PRACTICAL MEDICINE SERIES, comprising ten volumes on the year's progress in medicine and surgery. General Medicine, series 1909, edited by Frank Billings M.S., M.D. and J. H. Salisbury A.M., M.D.

This little book is an altogether excellent summary of the

year's work in general medicine and makes a good and workable quick-reference that not only enables one to find a desired subject quickly but has in itself no small degree of information.

HOWARD.

THE PRACTICAL MEDICINE SERIES, comprising ten volumes on the year's progress in medicine and surgery. General Surgery, edited by Jno. B. Murphy A.M., M.D., L.L.D., Professor of Surgery in the Northwestern University, etc. Series 1909. The Year Book Publishers, 40 Dearborn Street, Chicago. Price $1.50.

In this volume the same general plan in the selection and abstracting of articles has been followed as in former years, giving most excellent results. One can scarcely comprehend the degree of efficiency with which the book is gotten up; but it is regretable that the limited space compels so much curtailment.

MARTIN.

INTERNATIONAL CLINICS. A Quarterly Of Illustrated Clinical Lectures And Especially Prepared Original Articles. Volume II, Series 19. Edited by W. T. Longcope M.D., Philadelphia. J. B. Lippincott Co., Philadelphia. Price $2.00

There is the usual collection of interesting articles in this number of our best, certainly our most elaborate, quarterly. There are articles on immunization against typhoid fever, the treatment of syphilis, and of pneumonia in children, a discussion of hyperchlorhydria, and of diabetes, a paper on ano-rectal fistula and one on the diagnosis of pelvic diseases in women, besides others of almost equal interest.

HOWARD.

THE PRACTICAL MEDICINE SERIES. Vol. III. The Eye, Ear, Nose and Throat. Edited by Casey A. Wood C.M., M.D., D.C.L. Series 1909. The Year Book Publishers, 40 Dearborn St., Chicago. Price $1.50

Comprising a review of the more important contributions to the literature of the past year, this small volume well fills its purpose. The abstracts are so well edited that it is unnecessary to look up many of the references.

BELL.

THERAPEUTICS OF RADIANT LIGHT AND HEAT AND CONVECTIVE HEAT by Wm. Benham Snow M.D., Author of "A Manual of Electro-Static Modes of Application, Therapeutics, Radiotherapy," "Currents of High Potential of High and Other Frequencies." Editor of the Journal of Advanced Therapeutics, and late Instructor in Electro-Therapeutics in the New York Post Graduate Medical School. Scientific Anthors' Publishing Co., 349 West 57th St., New York. Price $2.00 net.

Graduates of more than four or five years will find in this

text-book an accurate description of the subjects named in the title, and which as yet receive only the barest mention in the average work on therapeutics. After a consideration of radiant light and heat, the author discusses the sources of radiant energy, the electric arc, the incandescent light, the mercury vapor lamp, the Finsen, minim and other lights. The application of these to the treatment of disease follows, and a good description of their uses in simple inflammations, infections and dermatology is valuable reading. The second section on convective heat explains the principles of applying dry and moist heat and will make clear to any owner of a hot-air apparatus the scientific principles on which he should use this agent.

MYERS.

HANDBOOK OF DISEASES OF THE RECTUM by L. J. Hirschman M.D., Lecturer on Rectal Surgery and Clinical Professor of Proctology, Detroit College of Medicine, etc. One hundred and forty-seven illustrations, chiefly original. C. V. Mosby Medical Book and Publishing Co., Metropolitan Building, St. Louis, Mo. Price $4.00.

This is an altogether excellent hand-book, practical, well written, well illustrated and worthy of consideration and study by anyone doing rectal work. Abnormal conditions and diseases of the rectum are described clearly, methods of examination and points in making diagnoses are well described, and the treatments are outlined in a way that all may grasp. Without being too voluminous for ready reference, it contains enough of the essentials for all practical purposes.

MARTIN.

VACCINE AND SERUM THERAPY, Including Also A Study Of Infections, Theories Of Immunity, Opsonins And The Opsonic Index. By E. H. Schorer B.S., M.D., Assistant Professor of Pathology and Hygiene, University of Missouri. C. V. Mosby Co., 715 Metropolitan Building, St. Louis. Price $2.00.

The practitioner not in possession of an up-to-date text on pathology or bacteriology who desires to gratify his scientific curiosity concerning the opsonic index and bacterin therapy will find these two subjects clearly explained. As a laboratory guide it is lacking both in detail and in illustrations. The subjects "Infection", "Immunity" and "Serum Therapy" are treated in too sketchy a manner to deserve notice. While not exhaustive, the book is well up-to-date, and the information where not ambiguous from extreme brevity is correct and reliable.

KRAUSS.

MEDICAL AND MINOR SURGICAL DISEASES OF WOMEN by Samuel Lile M.D., late surgeon in chief to Lynchburg City Hospital, surgeon in chief to St. Andrew's Home, etc. Southern Medical Publishing Co., Baltimore.

Dr. Lile has given us a book of unusual practical value. The introductory chapters on climate, education, social conditions, ventilation and food and their influence on women are in themselves worth more than the price of the book. He considers the points in diagnosing the different conditions and diseases peculiar to women in a clear and easy style that is eminently attractive and practical and his suggestions for treatment are sound and concisely given.

HOWARD.

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* THE DIAGNOSIS OF MALARIAL INFECTION.

WILLIAM KRAUSS M.D.,

VICKSBURG.

The term "Malarial Infection" is to be preferred because such infection is not necessarily a fever. The usual term "Malaria" is unscientific, and the whole name of the disease is really a misnomer. "Bad air" has nothing to do with what we call "Malaria".

According to the text-books, the diagnosis of malarial infection is made in three ways: by the clinical symptoms, especially the temperature chart, by the therapeutic test, and by the examination of the blood. The method almost universally practiced outside of hospitals is to give quinine to the point of saturation for several days, and if this does not eliminate the fever a new hypothesis is followed therapeutically until this has to be abandoned. This method has nothing to recommend it except the law of averages. Since the diagnosis of fevers not malarial has a chance to clear up clinically this extensive waste of time does not often prove disastrous. It is different, for instance, in the intermittent fevers of pulmonary tuberculosis and in pyogenic and other fevers. In such cases, nay even in typhoid fever, such actively toxic therapy is distinctly harmful by itself, without even considering the disadvantage of delay. But even though we are actually dealing with "malaria", we can handle the disease infinitely more satisfactorily when we know what the blood is doing under the treatment and what form and intensity of infection we are coping with. We can also recognize multiple groups about to become active, and tabulated results in well-conducted hospitals show substantially better prognoses than other cases treated in the old way in the same hospitals. We will waive the point that it is not a scientific diagnosis.

Considering the objections urged against blood examination, we are told that it consumes valuable time, delaying treatment, costs money, is difficult to do, requires skill and special

* Paper embodying remarks at the meeting of the Four County Medical Society, Tupelo, July 3rd.; and at the Tri-County Medical Society, Brookhaven, August 10th.

technic and equipment, consumes time that cannot be spared from other duties, and generally adds to the doubt, leaving the patient unprotected by treatment. It is true that a single examination does not always give us a diagnosis in malarial infection, most especially in latent and estivo-autumnal infections. Any "negative" in diagnosis usually means "I don't know", and good judgment must direct the course until we do know. It is true also that, all the conditions for success to be presently enumerated having been complied with, the physician may overlook or fail to recognize the organism, or else, mistake something else for it. In the last few years not a few text-books have appeared giving reliable colored plates; these should be studied.

It is my purpose to refute the objections to blood examination, to elucidate its advantages, and also to describe a simple and never-failing technic. In the first place, if the examination of the blood were made the rule instead of the exception, patients would begin to realize that there is something to "malaria" besides calomel, quinine and chill-tonic. They should be instructed in respect to their responsibility to their relatives and to the public at large with reference to carrying around "resting bodies" which is the result of incomplete quinine therapy not controlled by blood examination. If we all take to blood examination for cases of malarial infection or have it done by others if too busy to do it ourselves, malarial infection will in course of time be eradicated. Patients will learn to come to the doctor for their chills and "biliousness", especially if he has been able on former occasions to tell them that their ailment was something else and required entirely different treatment. This will discourage counter-prescribing and patent medicine traffic. Physicians must bring into prominence the necessity for a correct diagnosis. There is no better way of increasing a medical practice than by showing how much pains we take to make a certain diagnosis. Don't be afraid to admit that you don't know until you do know. Don't be a fakir.

One of the causes of failure to make a diagnosis is previous cinchonization. From a good spread the expert can do it even then, but this is too much to expect of the general practitioner. It can be done by the differential count, provided there is a good history by which diseases having similar counts can be eliminated. The polymorphonuclear variation is not a disturbing factor then. As soon as the patients have been educated to come for a diagnosis they will learn to stop spoiling it for you by previous therapeutic tampering. A few times with

each patient will make him see the importance of it, especially if you impress it upon him that the quinine he takes now has no effect on the present paroxysm; all he can do for that is to get relief from the fever and distressing symptoms; quinine only aggravates these. For the purpose of checking the invasion of a new group of cells there is time, during which the diagnosis can be made. For diffuse broods of parasites the therapeutic technic is slightly different. Always remember that quinine is only a paratoxin for parasites—it fixes the hemoglobin and starves them. It is in the interest of the patient to prevent invasion rather than cause the death of infected cells while the endoplasmodial toxin is active and can be poured out to exert its destructive effect on uninfected blood cells. This is really the mechanism of hemolysis in hemoglobinuric fever. We have then three potent reasons for discouraging therapeutic tampering. 1st. the prevention of resting bodies; 2nd. the necessity for a diagnosis; 3rd. the possibility of provoking hemoglobinuric fever in latent and chronic infections. This is not a contraindication for the use of it but it is one for unskillful tampering.

Another reason for failing to find parasites is obtaining blood at the wrong time. The best time to get blood smears is at the end of a paroxysm, and any time after that until that group is nearly mature after which time they retreat to the spleen. Just after the emergence from the spleen we have a leucocytosis; during this they are scarce in the peripheral blood but a mixture of eighty or ninety per cent. polymorphs with a balance of nearly equal proportions of the two mononuclear forms is equal to a positive diagnosis. In other words, if the balance of thirty per cent. mononuclears of a normal mixture contains five per cent. large mononuclears, there is no disproportion but if the balance of fifteen per cent. contains as many it bespeaks a doubling of these elements, and a blood picture which, with the clinical picture, gives us a diagnosis of malarial fever.

It is possible to find parasites at any stage of the cycle, easy, in fact, in rich infections, especially after an antipyretic, and unusually not difficult in intermittents except just before the chill and up to two or three hours after. This affords a wide latitude; usually, the messenger can be questioned as to that and the visit timed accordingly, a palliative being sent for the urgent symptoms. At the first visit the blood is taken and word left that the prescription will be telephoned after diagnosis. This will contrast with what the patient has been used to in this respect. It will compel your competitor to do like-

wise. And don't forget to charge for the examination. It is the most valuable service you are rendering, and it will teach you to "have time" for it.

The next cause of failure is making bad smears. My technic, repeatedly published, is as follows:*

"1. Wash the hands and rub off with alcohol. 2. Prepare six slides by wiping first with alcohol and then drying with plain gauze. 3. Seated on the right of the patient, facing in the opposite direction, grasp the lobule of the patient's right ear between the thumb and index finger of the left hand so as to cause turgescence; rub it briskly with gauze dampened—not wet—with alcohol. 4. Plunge a new steel pen from which one nib has been broken off or a special blood lancet into the presenting end of the lobule with a quick stroke to the depth of one-eighth inch. Squeeze very gently, and wipe off the first drop—the next will flow more freely and spread better—let it collect in a small, globular, drop on the surface. 6. With the right hand pick up one of the slides, lower its distal end on the index finger of your left hand and gradually depress the proximal end until the drop is just touched, being careful not to squash it. The drop on the slide should be the size of the head of a match. 7. By pronating the right hand, the slide is tilted toward the operator, taken into the left hand, the drop being now on the upper surface of the slide close to the grasping thumb. 8. With the right hand a second slide is now taken up, its lateral edge placed transversely to the surface of the first slide and proximal to the drop, tilted forward at an angle which with the particular drop will give the best smear, and gently, slowly, "fiddled" across the smear-slide, somewhat like spreading butter. 9. Fan the filmed slide rapidly in the air until dry. The remainder of the slides are filmed in the same way, a fresh drop being extruded for each smear." (Note: The drop must be small enough not to extend entirely across when smeared out; the smear should be an inch long.)

It is necessary to practice this technic in blank and afterward on a volunteer or on your own ear before a mirror. After a few trials good smears can be made. By having a number of them, a good one can be selected, others being reserved in case the staining fails.

Of other published methods, as well as of examining fresh blood, I can only say that they are ways bitter and disappointing experience has led me to discard. This also refers to method of staining now to follow. It is useless for you to repeat for yourselves my own failures. I have letters from physicians all over the South thanking me for this never-

*Southern Medical Journal, July 1908.

failing technic. I claim originality only for the method. You can therefore only speak of it as "Krauss' adaptation of the Romanowsky method to the Giemsa stain." A simpler name is the "aqueous Giemsa method".

Equipment required. A standard microscope, like the BB8 or its equivalent in other makes, with mechanical stage, hand centrifuge with Krauss slide attachment, a pair of Pasteur dishes, some absolute methyl alcohol, pure aceton, distilled water. All these are essentials in a doctor's equipment. The extra things required are 10 grams Gruebler's eosin, w.g., and 1 gram Gruebler's azur II; the latter is very expensive but it is enough to stain a large number of films. We also need two stopper-ground pipet bottles. The patent acid droppers are not suitable. The pipets must deliver drops of the same size and must never be interchanged, as the stains precipitate each other.

We now make up one per cent. solutions of the two dyes, just enough to nearly fill the 1 oz. bottles, say 0.25 gm. to 25 cc. These stains should never be bought in solution.

To stain, invert a slide in the bottom half of a Pasteur dish, resting one end on a piece of toothpick; pour in about 2cc. of the methyl alcohol, seeing that the under, smeared surface of the slide is well covered; then cover up with the lid of the dish. Now, in the graduated centrifuge tube, measure off 7 cc. distilled water; drop into this 4 drops of the eosin solution, shake, add 6 drops of the azur, shake again, remove the lid of the dish from the alcohol and pour this solution into it. Then transfer the slide, still face down and wet with alcohol, into the staining solution, letting one end of it rest on the edge of the dish. At the end of five minutes (or longer, as it cannot overstain) remove the slide from the stain, rinse with distilled water and dry on the centrifuge. If the slide appears pink, the azur was insufficient; another is then stained, correcting this error. The solution in the dish must look blue, not purple. If the slide is too blue it need not be rejected. Flood it with a weak solution of tannin in water, about one per cent., rinse well with distilled water and dry again on the centrifuge. Old slides generally stain too blue. In such cases two drops of eosin and azur, staining for one-half hour, often give splendid pictures with smears a year old.

If the slide has a violet color, it is examined under the low power. At the edge the leucocytes are seen. Here we can control the success of the process. The nuclei must be an intense purple, the cytoplasm of the lymphocytes a rich blue. We now know that any parasites present must have taken the stain. The red cells are generally a clear, pale orange, against

which the sky-blue of the parasites contrasts well. If they are slate-colored, wiping the dry slide over with a wisp of cotton wet with aceton will clean them; it also removes precipitates, but these rarely appear when this method is used. The staining solution can only be used once; two slides can be stained simultaneously in the one dish. When the one staining is completed, most of the stain will have precipitated. These precipitates can be saved and used for Wright's stain. All this is no more difficult to do than it is to read it, and takes scarcely any longer. The time for the fixation of the slide in the alcohol should be one minute. It takes about this long to make up your solution. This is all the time required, and the slide needs no attention at any time. The staining can be left to itself indefinitely, being sure of your minimum of five minutes. Your office boy or maid can do it while you are busy at something else. There is no room for a personal equation; the process is automatic.

There is now one more "if". We must be able to recognize the plasmodia. They are never any color but blue; anything purple, pink, orange or gray is not a plasmodium. Also, it must be within a red blood corpuscle. Crescents and other resting bodies are, apparently only, not within red cells. With careful focusing we can make out the pink rim around these, just a capsule of red cell-substance. The material which represents the nucleus of the parasite takes a deep carmin color. In the ring-form this is at the thinnest part of the ring. In deeply stained specimens we can make out difference of species, especially in the partly grown forms. The easiest way is by the effect on the blood corpuscle. The tertian parasite causes the cell to be pockmarked with fine carmine granules, "red stippling" (Schuffner's dots). The estivo-autumnal parasite causes a "blue strippling", the so-called basophilic degeneration, seen also in lead poisoning, in pernicious anemia, cachexia, hemolysis, etc. In the latter type we sometimes also see uninfected cells showing degeneration. Maurer explains this on the ground that the mammalian red cell has a "distributed" nucleus, which is only visible when much of the hemoglobin has been dissolved out of the cell.

Pigmentation. The quartan parasite gives us the blackest and coarsest pigment. The parasite being more compact and thicker, stains more deeply blue. The tertian shows pigment early, but it is too fine to be seen until the organism has attained some size. Even then, because of its fineness, it looks brown rather than black. The estivo-autumnal parasite, if it shows pigment at all, it is late, and in one or two solid clumps.

Artefacts and nuclei. A blue smudge extending across a

cell will probably extend over it and others, clearly outside of the cell, can be seen in other fields. Karyokinetic figures in nucleated cells are seen in pernicious anemia. Sometimes they simulate parasites to a remarkable degree. They never show the carmin particles belonging to malarial organisms. Platelets are seen singly or in numbers, in the latter case emerging from red cells, making one think of segmentation. If a real segmentation is ever seen, this mistake will not be made. When the staining is insufficient platelets may be somewhat bluish; in such cases plasmodia are not stained at all.

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*THE FINANCIAL ASPECT OF THE MEDICAL PROFESSION.

D. G. MOHLER M.D.,

GULFPORT.

I have been requested by the society to submit a paper upon the financial aspect of the medical profession.

This is a branch of the profession upon which we are all too derelict.

Having had some fourteen years experience in the practice, during which my time has been wholly devoted to my work, trying to keep fully abreast with the rapid advances, and having come in direct contact with nearly every phase of human nature, I have tried most strenuously to make a study of human nature; hence, the well known quotation: "The proper study of mankind is man". Above nearly everything else, you touch the tenderest part of man when you touch his pocketbook. You may have a friend or an associate and toil along in the most congenial clime, but when the question of dollars and cents comes up, if you are not very careful to use much discretion and tact, an estrangement will arise when you least expect it. The consensus of opinion among the laity is that in entering the medical profession you at once have entered the arena through which Croesus passed in supplying himself with great riches. They never take into consideration the capital invested, length of time spent and the hard struggle we have to undergo in preparing ourselves for our work. Many are they who think us grafters, yet, I am glad to say, there are some exceptions to this rule among the most intelligent.

I do think that every physician should be strictly honest with himself and with his patrons, for you cannot be honest with the one without the other sharing equally.

*Read before the Harrison County Medical Society.

My platform has certainly been laid along this line and I have not, at any time, intentionally departed from it.

Again I think the physician should always be cognizant of the trust imposed in him, and keep himself fully prepared and thoroughly equipped to give his patient the advantage of the best treatment that environments will permit.

There is no profession that demands the best and most sacred of all principles as does ours, for our work involves the closest and most sacred associations with our patients, second only to the family direct. I deem our calling one of the noblest and to me the dearest, and we should fervently give to it the best we possess.

Now in order to live up to these principles and to keep ourselves thoroughly in a position to discharge the many duties devolving upon us it is absolutely essential that we give some thought in a substantial way to the financial aspect of our profession, for it is sad to say that for the amount of preparation, hard work and deprivations involved there is no profession that can show less material gain, taken as a whole, than ours in the way of a competency laid up.

There is nothing that handicaps a doctor more than limited finances. It detracts more from his usefulness, progress and independence than anything else, and has a most dwarfing effect upon his intellect, for to have to stop and think how we are to meet this or that obligation in the midst of our professional work, adds anything but a stimulus to our brains.

My experience has taught me that the best, most thankful and satisfactory patients are those from whom we collect our bills.

We will first take the common laborer from whom the world draws its greatest sustenance. It has been my custom when patients of this class present themselves for treatment to first get their names, occupation, for whom working, whether firm or individual, and whether each is responsible as to meeting his obligations promptly with the employee as promised. I next find out the amount of salary per day, week or month of patient, and on what days he collects his pay, next as to whether married or single, how many in family that are dependent on the patient for support, whether he has a great amount of sickness in the family, what doctor has formerly done his work, and right along here I note particularly how he speaks of the doctor who has formerly been serving him. If the patient speaks favorably of him and assures me that he has been paid you may depend on that patient, but if he speaks unfavorably of the former, you had best hands off and let him go.

After getting the desired information I size the applicant up. I then ask him how much money he can pay down. If he has none on hand I then inquire as to whether his employer would be willing to give me an order stating that he would be responsible for the bill. If this cannot be done, I then ask what security can he give in the way of a bill of sale or deed of trust on some cattle or property. If none of these options are responded to, unless I feel reasonably sure that I can collect the bill I invariably demand cash on delivery or security before I take the case.

Of course if the party is an object of charity or in distress, I never ask any questions, but respond promptly and unhesitatingly, regardless of pay.

The next class of patients that we have to contend with are the ones the world looks upon as perfectly responsible and who really do expect to pay their bills if you will give them their own sweet time. We often hear of them remarking that "Dr. so and so is making plenty of money and can afford to wait. I have other bills of more importance that I must pay first." They are the very ones, though, when they are in need of medical services that come post haste after you, expect you to drop everything, neglect everyone else and respond promptly to their call, and if you do not rush to their bidding are the first to hurl anathemas at you. With this class I lose no time in presenting my bills as early as expedient after services are rendered and if I do not hear from them very soon I send another statement requesting them to kindly settle the bill; that I, like themselves, have obligations to meet. I continue to send them similar reminders and rarely ever hold up until I receive some substantial understanding, or know that further efforts on my part will be useless. I investigate every case as far as possible.

The next class of patients is the one that I have taken special pains and delight in starting in with on an even basis, and I have had some success in handling. I dub him the run-about. He is often a hypochondriac, but frequently has troubles that have assumed a chronic form due to the patient's own carelessness and neglect. He comes into your office and before you ask him any questions he begins to turn his tongue loose at both ends; gives you in detail a complete history of his case, makes the diagnosis for you, tells by how many doctors he has been treated, how many places he has been to, how much money he has paid out and yet has reaped no benefit from any source. I listen very intently, knowing frequently the doctors he mentions as having treated him, doctors whose

integrity and ability no one questions. I know them to be fully as competent as myself, and know that they had made the proper diagnosis of the case and instituted the proper line of treatment, but the trouble was that the doctor had only seen the case once, put him on treatment, never got any remuneration for his services and the patient never even carried out his directions and in most cases never even had the prescriptions filled for the medicine, but sailed away to the next doctor to do him the same way. So the first step I take with this patient is to give him a most critical physical examination, frequently undressing him almost from head to foot and after completing my examination, before I have suggested any line of treatment, I tell him that upon close examination I have every reason to believe that I can get good or permanent results provided he is willing to abide strictly by what I say, keep up the treatment as long as I direct and especially if he is able to pay in advance for the treatment, which necessarily requires a good fee, as conditions demand it. I then proceed to collect my fee or to bind him up in some way so that I know I am going to get it; this I invariably do before suggesting any line of treatment. If he cannot pay the fee or secure it in advance I send him on unmolested to graze in other pastures. By making such demands of this patient I am able to hold him and make him carry out my treatment and so as a rule get good results, for their troubles usually are not of a serious nature.

Now comes the chief of all fiends, the so-called "dead beat". Like the poor, we have him with us always. He comes frequently in the guise of a genteel, refined looking, well-dressed gentleman with perhaps a wife and a couple of children, all well dressed and easy in ways. He has no home but has recently moved to town, finds him a boarding house or perhaps puts up at one of the best hotels, draws a fairly good salary either as salesman of some lumber firm, book-keeper, clerk, etc. This same gentleman walks into your office with his Chesterfield manners and tidy looks and impresses you at once as a gentleman of the first type. He makes his wants known in a very concise, business-like way and you proceed at once to give him the asked-for attentions, possibly call on his family and treat them through a long spell of sickness. After your services are tendered he thanks you kindly for your extreme consideration, speaks words of praise for your skill in handling the case so successfully, then tells you to be sure to tender your bill for services promptly on the first of the month. With a glad heart you do so, only to meet him a few days after the

first and have him to apologize for not meeting the obligation as promised, but that it will be only a few days before he will send you a check in full. Well, you wait and, to make a long story short, in a few days you hear of the departure of this fine bird. He has moved to another town and left only as traces many others that he has duped in the same way as yourself. He has no property, and you have no recourse nor any means by which you can collect the account, so it goes reluctantly to profit and loss. Now it has been among this class that I have suffered most, until I observe with a critical eye when a stranger walks into my office. It matters not how fine an appearance he presents, in a delicate way I find out all I can about who he is, where from and his occupation, and as soon as possible after we have had our conference I get on the outside and get all the dots I can as to his reliability and standing. If the comments I get are favorable I proceed with him as I would any other responsible patient, if unfavorable I then meet him in a business-like way when he approaches me for further attendance and insist upon money being paid before we can progress further.

In conclusion, I have formulated a few rules which have served me a fair purpose in the past.

1st. Always put your own valuation on your services and never allow your patient to dictate, for if you do not value your own services your patron will not and his confidence in you will at once be shaken.

2nd. Never pose as doing work cheaper than others; always charge the regular fees; for if you are a "Cheap John" you will be treated accordingly.

3rd. Collect a cash fee as often as possible; when this cannot be done send out your statements regularly on the first of every month and continue to send them with each succeeding month, or oftener, insisting on payment until collected, for the sooner you collect the bill the better feeling will exist between you and your patients. They will appreciate your services more and patronize you oftener.

4th. Never apologize for sending a statement, even if you have a "please remit" on it, but let them undersand that it is your custom and that you want your money.

5th. Always be prompt in giving any one his bill when he asks you for it, for no one appreciates slack business principles even though they are without business principles themselves.

6th. Be careful never to make any references outside to what party owes you, for no one enjoys having his business aired to the world.

7th. Be tactful and use great discretion in adjusting matters when any dissention or controversy arises over a bill presented. Keep yourself composed, but gently push your claim, trying at the same time to retain the good will of the patron; but above all things do not compromise yourself to do it. If he will not resort to reason give him to understand that you can live without him.

8th. Be independent, courteous, kind and gentle with all, giving to the most humble the same deference as you show to your best trade, for from the small acorn the largest tree sometimes springs.

No collecting agency is worth the paper upon which the contract is written. I have never been able to secure the services of any one who could collect my accounts as well as myself.

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*WHY JOIN THE COUNTY SOCIETY?

M. J. ALEXANDER M.D.,

TUNICA.

When I consented, on invitation of my friend, Dr. Dye, to contribute a short paper on th subject "Why join the county medical society?" I had no idea that it would tax my limited cerebral faculties to the extent that it has. Not that I found it difficult to enumerate the many reasons for joining the county society, but the benefits and advantages are so apparent and, you may say, elementary, that I doubted my ability to present an interesting discourse on the subject. Were the question, "Should all physicians join the county society?" it goes without the saying that the prompt answer would be a unanimous "yes", and the man who had the temerity to ask why, would create ridicule and disgust. And yet there are reasons which we perhaps may not consider in their singleness, but we do agree that it is an advantage—it is good to belong to the county society. The benefits, however, do not only concern ourselves alone, but also affect our patrons and our beloved profession, and are in a way as important to one as the other. Therefore we would not go wrong when we look upon the life of a true physician in the light of a trinity of duties. I will consider then the extent of the benefit to the individual doctor, and why he should join the county society for selfish reasons. This society is a gathering of men who have selected

*Read before the Clarksdale and Six Counties Medical Society.

this noble profession for their life work; their aim is to succeed, and success can only come to us by knowledge and the proper use of the same. The frame-work of this knowledge is received at the medical school, the further construction can only be accomplished by additions from time to time during our professional life, as we procure the material by well-directed and honest endeavor. We must use all efforts possible to possess ourselves of the same from all sources available, and he who gathers the best and most will have built the edifice sooner and better.

The county society is one warehouse, well supplied with material. We enter and are welcomed by familiar faces who meet us cheerfully; they also are looking for material, we find they are willing to give in exchange and it is easy to trade. We get experience and ideas from them in return for those which we possess, but our advantage is in that we give our own alone, and receive that of all the others.

This society is much like a gathering of kinfolks in a small village; we are received with open arms, glad to see one another; our environments and labor, aye, our joys and troubles, are alike; we tramp over similar grounds, and when we find a hidden path or a comfortable nook we tell each other about it.

Thus we gain mutual knowledge pleasantly. And what else? We get closer to each other in spirit, and form friendships of a lifetime, learn to appreciate and know each other, and in our broadening minds find that our neighboring brother physicians are as good as we are. And when we make our annual trips to a larger warehouse, supplied with somewhat more elaborate material, it is not as strangers in strange lands; we will find there many whom we have associated with nearer at home, and will feel at ease. It is again like kinfolks at home, meeting in the mansions of the kindred abroad. And what would have been a gloomy and dull affair, becomes a pleasant and profitable meeting, ending in a still more extensive acquaintance and the gathering of more knowledge. And this same experience recurs again and again as we go on through a good and well-spent professional life. But it also increases our self-respect, not that contemptible feeling of the bloated "ego", but a satisfaction that we are gaining knowledge and the correct respect of and for our brothers. We feel at ease as listeners and talkers, and when we know a thing we can talk about it with understanding and profit.

I remember myself, when I first attended the State Medical Association, before we had this county society, I sometimes

recognized an opening to make a point in a discussion, but my natural timidity, augmented by the fact that nearly all were strangers, held me to my seat.

Intimately connected with our own individual reasons for joining the county medical society are those as they touch our patrons, the people who entrust to us their comforts, health and lives; and when such confidence is bestowed upon us, it is expected that we perform our duties as physicians conscientiously and actively, the most important requisite being the attainment of proper knowledge. The laity now-a-days expects that their "Doctor" keep abreast with everything pertaining to the profession; they not only think that he should belong to the medical societies, but that he should also attend the meetings. No physician should deceive himself that his patients of intelligence do not know his conduct; they keep up with him and some day will ask him questions, the truthful answer whereof might be embarrassing. And they will know that you cannot belong to the State or American Medical Association unless you are a member of the county society.

The doctor's membership in whist clubs, lodges and other social gatherings is frequently appreciated by his friends, but their respect for us, as their medical advisors, is measured largely by the attention we give to everything in connection with medicine. If we are not a member of the county society, why not? When I come to consider the question of joining the county medical society as a duty to the grand profession, it is a duty obvious that active membership is a paramount necessity. Through the wisdom of our medical organizers it has become necessary that we join our county society before we are accepted for membership in the State or American Medical Associations, and I want to give it as my opinion, that unless we thus affiliate, we should not be considered of good standing in the profession. The opportunity is afforded us and it is our duty to avail ourselves of the same to add strength to the medical profession in its fight against disease and the maligners who have ever endeavored to deprive it of its just rights. We want nothing but what is best for the happiness and welfare of humanity, and if we cannot reach this aim by peaceful means let us all to a man unite and fight for our rights to make this world healthier and happier.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

Although delightfully phrased and appealing to the better nature of man as well to his love of the beautiful, we have often wondered if we can really echo Burns' immortal wish to see ourselves as others see us. Such a condition of affairs would undoubtedly help us to better things in a large proportion of instances, but how about the others? We are reminded of a story told by Dr. Matas of New Orleans, illustrating his sensations when introduced to an automobile. A friend had taken him for a ride in a new car, resplendent with brass mountings and handsome fittings, and after the trip had removed the seats and showed him the engine and tanks over which they had been sitting. The doctor likened his feelings to those that sometimes came to him in his early days when, doing a general practice, he would receive in his office some lady beautifully dressed, only to have his artistic sensibilities ruffled by what was revealed at the subsequent examination.

It is often bad enough when the one seeing is gifted with exact vision, but we are quite sure that even the inspired Burns would have shrunk from inspection by some of the astigmatic or strabismic individuals who constitute themselves, unasked, the judges of others.

An instance of this kind of inspection has recently come to light in the Yazoo City *Sentinel,* which, commenting on the refusal of the Jackson *News* to comply with the request of the Hinds County Medical Society that it refrain from mentioning the names of physicians in connection with its accounts of accidents, operations, etc., says:

The Sentinel cannot agree with the News when it says it has all due respect for the code of ethics of the medical profession. We think the so-called medical ethics is the biggest humbug on earth. The average doctor likes publicity in connection with his professional duties, so long as he does not have to pay for it, and so long as he thinks he can escape the criticism of his brother who is not fortunate enough to get his name in print in connection with a case, he is not going to kick very vigorously. The chances are about ten to one that the author of the resolution intro-

duced by the Hinds County Medical Society, is some patientless doctor who is jealous of some other Jackson doctor who has outstripped him in a professional way, and very naturally has come more into public notice as a result of his success than his less fortunate medical brother.

In our journalistic career we have known a number of reputable physicians of high professional standing who would throw a fit, if you suggested that they do some legitimate advertising at regular rates, but would urge you to be present to see a difficult operation performed, and give you a line of dope as to how it should be written up with the nonchalance of an advance press representative of a circus.

In our opinion, the so-called medical ethics is largely a sham. If the newspapers were to heed the advice offered by the Hinds County Medical Society and refrain, absolutely, from mentioning the name of any doctor, under any circumstances, the medical men would swell up, and declare that the newspaper man "had it in" for them about something.

The author of this unwarranted bit of vituperation is undoubtedly a new-comer in the state. His statement in the second paragraph quoted, that he has known a number of reputable physicians who would urge a layman to be present at an operation, cannot refer to the profession in the town he is now honoring with his presence since we know the majority of the Yazoo City physicians personally and are quite sure that they would not stand for such a violation of the code in their territory; but if, as may possibly be the case, this journalistic penny-a-liner has gotten hold of even one physician who would so far forget his dignity, and magnified him, as newspapers are prone to do, into "a number", we would suggest that it is time for the board of censors of the society in Yazoo to "get busy".

Society Proceedings.

East Mississippi Four County Medical Society met at Houston Aug. 10th. at 2 P. M., Dr. Feemster being in the chair. The society entertained the following visitors: Coleman of Aberdeen, Stevens of Amory and Walker of Houlka. J. R. Williams of Houston presented a clinic. R. P. Wendel of Aberdeen read a paper on tuberculosis, which was discussed by Bryan of Amory, Stevens of Amory, Boyd of Houston and Feemster of Nettleton. A vote of thanks was extended Dr. Wendel. A motion prevailed that the society extend its sympathy to Dr. J. S. Evans of Chickasaw County, who has recently sustained a fracture of the right leg. Resolutions expressing profound sorrow and regret at the untimely death of our beloved comrade in arms Dr. Walton S. Greene were read by a committee and adopted by the society. Five appli-

cations for membership were received: Hamilton and Coleman of Aberdeen, Walker of Houlka, Guinn of Prairie and Stevens of Amory. A vote of thanks was extended the physicians of Houston and the local officials, especially naming the deputy sheriff, for courtesies extended. Next meeting will be held at Aberdeen Sept. 14th. at 1 P. M. UNDERWOOD.

HARRISON COUNTY MEDICAL SOCIETY met at Gulfport Aug. 10th. with Dr. Lebaron, president, in the chair. Those present were Drs. Lebaron, West, Mohler, Welch, Hood, Richardson, Folkes, Parker, Carroll, Strange, Morris, Rowan and Hopper. Dr. Rowan of Wiggins presented before the society a case of pellagra; the patient was a child of about ten years of age. The doctor saw the case last summer and treated him for an eruption on hands and feet; he did not pay much attention to the case at the time. This summer the trouble was much worse, with marked nervous symptoms, and he diagnosed it as a case of pellagra. All the doctors present examined the case and concurred with Dr. Rowan's diagnosis. There was a lengthy discussion taken part in by all present concerning pellagra, its history, cause and treatment. Dr. Lebaron mentioned a case which he lately had in the hospital. He did not think of pellagra at the time but since then he thinks it might have been the disease. The discussion changed to anemia and hook worm disease. The publicity committee made a partial report and on motion was given extended time. WEST.

TRI-COUNTY MEDICAL SOCIETY met in the parlors of the Inez Hotel on Tuesday, Aug. 10th. with several members and two visitors present. The subject of obstetrical hemorrhages was the order of the day; and Dr. D. W. McGee led the discussion with credit to himself. Several members who were on the program being absent, the regular order was now dropped and the society entered upon a general discussion of the subject of pellagra. Dr. Denman presented a clinical case, and others mentioned cases that had come under their observation recently. It seems to be fairly common in this section. Dr. Krauss, the guest of honor, was now presented, and gave a very scientific discussion of malaria, illustrating with the microscope. The members and guests now repaired to the dining room, where refreshments were served, compliments of the Brookhaven P. G. Club. Next meeting at Brookhaven, Oct. 12th. D. W. JONES.

Association Presidents.

H. H. HARALSON, Vicksburg.

President 1895-6.

Hugh Hardin Haralson was born in Wetumpka, Ala., March 10th. 1854, his father and mother being natives of Georgia. Dr. Haralson, the youngest in a family of eleven children, was educated at Cooper Institute, Lauderdale County, Miss., entered the drug business in Harperville in 1877 and was graduated from Tulane Medical College in 1883. He began the practice of medicine in Harperville but shortly after went to Forest and later to Biloxi, from which place he moved to Vicksburg in 1898. He served on the State Board of Health for twelve years, being successively appointed by Governors Stone, McLaurin and Longino, and was actively engaged in the epidemics of yellow fever in 1897, 8 and 9. He also served as a representative of the State Board during the epidemic at Vicksburg in 1895.

Dr. Haralson was elected recording secretary of the Association in 1886 and served for several years, making an excellent record as an executive officer. In 1897 he founded the *Mississippi Medical Record* which he turned over to the Association the next year, resuming publication of it in 1900 when it was abandoned by the Association.

In 1878 Dr. Haralson married Miss Belle Lack of Harperville and to this union were born seven children, two of the daughters being now married to professional men in Vicksburg.

Rowland's History of Mississippi. 1907

J. W. GILBERT, Verona.

President 1896-7.

James Washington Gilbert was born July 9th. 1845 in Rogersville, Ala. To give their children better educational advantages, his parents, W. A. and S. E. Gilbert, moved to Moulton, in 1853, where Dr. Gilbert was put to school a few years later, but before completing his education he joined the 4th. Alabama cavalry and served in the Confederate army until the close of the war between the states. Returning home after the surrender, he married Miss Laura Harris, whose death, a year later, was the cause of his decision to study medicine.

After reading under Dr. C. A. Crow for more than a year, Dr. Gilbert spent one year in Louisville attending lectures and

then went to New York, where he received his diploma from Bellevue in March 1870. Returning to Alabama he settled in Tuscumbia, where he married Miss Naomi Harris and to this union were born three children—Minnie, Ed and Tom.

Before leaving Alabama he assisted in organizing the North Alabama Medical Society, served as its secretary one year and was elected president in 1875, but before the completion of his year of office moved to Verona, Mississippi, where two years later he lost his second wife. In 1882 he married Miss Ella Anthony, daughter of Dr. J. A. Anthony of Verona, to which union were born three children—Cecile, James and Grace.

Dr. Gilbert was health officer of Lee county for several years. In 1896 he went to Corinth and in January 1891 moved to his present home, Roff, Oklohoma. In 1893 he was elected president of the Chickasaw Medical Association and in 1905 censor for the southern district of the Indian Territory. He has recently retired from practice and is engaged in mercantile business, with his youngest son as a partner.

Personal Notes, 1908.

W. M. PAINE, Aberdeen.

President 1897-8.

Concerning the date and place of birth of W. M. Paine, and his family history, to quote a legal phrase, "deponent sayeth not". He is said to have attended Emory and Henry College in his younger days and to have taken medical courses at the University of Nashville and Vanderbilt, and to have graduated from the last named institution in 1881. It is a matter of record that he was for some years a member of the State Board of Health. Dr. Paine has for a number of years been engaged in banking business in Aberdeen, though continuing to do some practice.

E. F. Howard.

Book Reviews.

DIET IN HEALTH AND DISEASE. The New (3rd.) Edition. By Julius Friedenwald M.D., Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhrah M.D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Third revised edition. Octavo of 764 pages. W. B. Saunders Company, Philadelphia and London, 1909. Price, cloth $4.00; half morocco $5.50.

Former editions of this book have met with an appreciation

that will no doubt be accorded this one. The changes made consist chiefly in a revision of the articles on milk and alcohol and additions to those on tuberculosis, the salt-free diet, rectal feeding and the caloric needs of infants, together with tables showing the caloric values of foods and a description of the simpler methods for detection of food preservatives.

TREATMENT OF THE DISEASES OF CHILDREN. By Charles Gilmore Kerley M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, etc. Second revised edition. Octavo of 629 pages, illustrated. W. B. Saunders Company, Philadelphia and London. Cloth, $5.00 net; Half Morocco, $6.50 net.

We have no better work on the treatment of diseases of children than this of Dr. Kerley. It is practical and forceful and the chapters devoted to the general care of the baby, its nutrition and growth and the information that its mother should have to enable her to care for it intelligently should be carefully studied by every practitioner. Texts on pediatrics are too prone to ignore therapeutics, or to treat this feature of the subject slightingly, and so this book will be found to meet a very considerable want.

BIER'S HYPEREMIC TREATMENT IN SURGERY, MEDICINE AND ALL THE SPECIALTIES: A Manual Of Its Practical Application. By Willy Meyer M.D., Professor of Surgery at the New York Post-Graduate Medical School and Hospital: and Professor Dr. Victor Schmieden, Assistant to Professor Bier at Berlin University, Germany. Second Revised Edition. Octavo of 280 pages, illustrated. W. B. Saunders Company, Philadelphia and London. Cloth, $3.00 net.

Passive hyperemia after Bier's methods has become a recognized weapon of modern medicine and, although in the hands of the general practitioner it will be found to have greater limitations than one would imagine from reading the literature of the subject, has an undoubted place in therapeutics. The authors of this book have given an excellent description of the principles of this treatment and the methods of its application.

THE PRACTICAL MEDICINE SERIES, Comprising Ten Volumes On The Year's Progress In Medicine And Surgery. Volume V. Obstetrics. Edited by J. B. DeLee A.M., M.D., Professor of Obstetrics, Northwestern University Medical School. The Year Book Publishers, 40 Dearborn St., Chicago.

These little handbooks offer a convenient way of determining the progress of medicine during the stated period and as a rule the abstracts are quite representative of the literature of the subject.

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*THE TREATMENT OF TUBERCULOSIS IN MISSISSIPPI.

R. P. WENDEL M.D.,

ABERDEEN.

I wish to express my pleasure at being with the members of the Four County Medical Society, and my appreciation of the benefits to be derived therefrom. I have always found the mutual interchange of ideas beneficial, and on every occasion have embraced the opportunity to learn something. I wish also to state that I have an apology to offer for introducing such a time-worn subject for your attention and discussion, for the reason that there has never been a time when the subject was of such importance as now. The alarming prevalence of tuberculosis and the mournful fact that every man thinks he is competent to treat it along the same old lines and with the same old results, is, to my mind, ample justification for my theme.

The giving of systemic medication and the injunction to "rough it", are responsible for more deaths than the disease is by right entitled to. The old advice to the patient was to go west and "rough it". I respectfully offer that this is, and always has been, a mistake. Why? Because these patients, not being able to take exercise, must have absolute rest, plenty of fresh air and an abundance of nourishment of the best kind and variety. These three factors in recovery it is impossible to obtain in the western country, except at enormous expense, and then the patient almost invariably meets a melancholy end; one that tends to discourage the rest of the sufferers. A case cured at home is the best educator in the world; and that it can be cured at home I know from experience. I, myself, with my limited experience and perhaps the want of adequate professional skill, have within the past few years cured six cases, and now have under treatment two cases, both of whom are progressing toward recovery.

The matter of climate need not be discussed here in the treatment of tuberculosis as we are dealing with the facts of getting them well at home.

* Read before the East Mississippi Four County Medical Society.

In the next place, it is as certain as anything can be that a patient with tuberculosis who is running a temperature ought not to make any exertion whatever. This is a dictum from which there is no appeal in any case, as too many patients have found out to their cost; hence we see the importance of absolute rest in bed. I may add also that direct exposure to rays of the sun is also bad, in that it will cause an immediate rise of temperature and some giddiness. It is always best, therefore, to have the patient screened from the direct rays of the sun.

The diet should be especially rich in nitrogenous matter, and should be a mixed one. It is best to feed the patient five times a day. Say a good breakfast on rising in the morning; at ten o'clock a glass or two of milk with one or two raw eggs; then at noon a regular dinner in which meat and fat predominate; then at four P. M. a glass or two of milk with one or two raw eggs; then at eight P. M. a regular supper; and again at ten P. M. it is not a bad idea to give another glass of milk and one raw egg. This may seem a great deal of food, but it is a fact that, if the amount is gradually increased, the most delicate stomach can take, retain and assimilate the amount herein set forth. True it is that once in a while it happens that the patient will get a little too much, and it will have to be reduced for a few feedings; then going back to the original amount. This will be shown by a vomiting right after meals. It is interesting to note that under this diet regime patients never suffer from constipation. The patient should be weighed once a week on the same scales and always with the same clothing on, or rather with no clothing as we have them in bed. The temperature should be taken and recorded twice daily, at eight A. M. and six P. M. As long as the patient is holding his own, or is gaining, the course of the disease is undergoing an arrest and the patient is going up hill irrespective of the other symptoms.

We will now discuss the most important means of cure both from a theoretical and a practical standpoint; and, that is undoubtedly fresh air, or to state it differently, life in the open air, without which all other means are absolutely without avail. By fresh air I mean that the patient should absolutely live out of doors all the time, and not simply be content to sleep with the doors and windows open, as this is a mighty poor make-shift. I may say that I have reached the point where I positively refuse to treat a case of tuberculosis unless the patient will agree to do exactly as I advise in every respect, more especially as regards dieting and living out of doors.

This is sometimes a difficult matter to persuade people to take up, but if the subject is placed before them in the proper light, and they are given to understand candidly that it means the difference between getting well and dying, they will be ready enough to do as directed. The difficulty in the way of complete compliance is met with only in the cases of ladies and girls, and this difficulty can be easily overcome by the use of a little house, which I am now having built for use in all cases under my care. It affords the necessary privacy and yet does not interfere in the least with through and through ventilation. It must be so constructed that it is absolutely fly and mosquito proof. This can be easily done as is shown in the little model which I brought for your inspection, and can be built by any carpenter at a moderate cost. Now it is well known that no tent with a canvas is inhabitable in Mississippi when the sun is shining, as the glare is terrific and unbearable; so it is best to have a house with a shingle roof, and have one side weather-boarded. The end should always face the southwest, as all our storms and rain come from that point of the compass. A patient should be put to bed and not allowed to get up at all until the temperature has been normal for two weeks, and then only tentatively, and should take a little exercise around the room; pulse should be rated and temperature recorded and the effect of such exercise made a matter of record. In case the exercise does not unduly accelerate the pulse or cause a rise in temperature, the same should be gradually increased with great caution; if untoward effects are noticed patient should be again put to bed and the same rigid regime established as before. Another thing I think a mistake, is to have the patient take breathing exercises, as the damaged lungs and pleurae need as nearly absolute rest as it is possible to obtain. Most certainly this is true as long as the disease is active and the patient is having fever.

As regards dress, the patient should dress as the temperature of the atmosphere warrants. When it is cold simply put on more clothing, and when it is warm let him have sleeping garments only. By a nice adjustment of the body covering it is possible to avoid a contraction of colds altogether. You very well know that too much clothing, by inducing free perspiration, predisposes to so-called colds. It is remarkable how quickly the patient becomes inured to the exposure, as some may choose to call it, and find that they are not comfortable if carried in doors. I have had some patients continue to stay in their little houses long after the disease had undergone an arrest. The patient must be supplied with a lot of ordinary

toilet paper on which to expectorate, and this must be placed in a close receptacle after use and then burned so that no re-infection can take place. Of course the patient should be supplied with their own eating and toilet utensils, and the same should be washed, disinfected and kept altogether in his own house. It will be found, however, that one placed in the open air at the beginning of the disease will soon quit coughing, expectoration will cease and further danger as regards danger to others, or auto-infection, will be at an end.

The medical treatment of tuberculosis will now be taken up; and I will promise not to consume much time in discussion, as I am not a believer in it at all. From time to time various drugs have been vaunted as specifics, among them almost every drug in the pharmacopoeia, as well as the various proprietaries, and all of them have been sent to their place at the bottom of the list, at the end of the experimental period, by all careful and well informed practitioners. The values of oils, essential or otherwise, have all been tried and found wanting. Creosote has been used more extensively than any of them, and there may be some little benefit to be derived from its use. As ordinarily used, however, I am quite convinced that it does no good; but used as advised at the Phipps Institute I have thought that it may have helped some in the restraint of coughing, and possibly have acted in some cases as a soothing agent to the lung tissue; however, I do not think that it is in any sense a specific. When it is used, it is necessary to give it in massive doses, and this can only be done according to the plan outlined by Dr. Francine in his book on the modern treatment of tuberculosis. The idea is to give a drop in a tablespoonful of hot water one-half hour before each meal; dose should be increased one drop every day, not every dose, adding a spoonful of hot water for each drop of the creosote given in this way. I have never seen a patient who could not take twenty to thirty drops three times a day without any discomfort or toxic symptoms. The use of small doses of strychnine and digitaline every day has seemed in some cases to give relief where used for a pulse of low volume, just as it is in any other condition with similar symptoms. It may do good by promoting an increased flow of blood to the parts.

The use of opium in any form is mentioned, only to be condemned, where is it given to relieve coughing, or for any other purpose. It locks up the secretions and thus interferes materially with the process of elimination, and therefore with the patient's well being. If the patient has not a mixed infection the use of the open air treatment will render the giving of

opiates for the relief of coughing unnecessary. For all diarrhoeas that may supervene give bismuth or some of the newer preparations, such as protan; and regulate the diet or reduce it for a few days. I think that the use of active astringents may be classed with the use of opiates, only to be strongly condemned as contra-indicated.

As regards the use of tuberculin, there is nothing particularly difficult about it if the physician will be very careful and follow out the directions laid down by Trudeau. It is necessary to have the graduated pipettes that he advises, and to always have on hand some fresh Koch's tuberculin (old). This can be easily obtained from any good house that sells the various sera, or from a great many private laboratories. The serum, used properly, seems to have a favorable influence, but is an instrument for great harm if the physician is not well equipped and extremely careful. The dilutions are not hard to make for any one who has some knowledge of laboratory methods and understands the metric system; one who does not is not justified in attempting this line of treatment. Dr. Trudeau and other eminent authorities are unanimous in saying that patients treated with serum have less liability to relapse than those who have not had it, and he uses it in all cases not too far advanced and in whom it does not produce too violent a reaction. The dose of the serum should be minimum to commence with, that is one ten-thousandth mgr., and should be given at eight P. M. The temperature should then be taken every two hours for twenty-four hours, and it will be found that there has been a more or less local reaction at the point of infection, a slightly higher temperature curve and an increase in cough. If the reaction is too violent, the dose should be reduced, if not at the next dose increase to one-thousandth mgr. The dose should be thus increased until the full dose of one mgr. can be given without reaction, unless unfavorable symptoms develop, or the general health begins to deteriorate, in which case it should be stopped. Every case is a law unto itself, should be treated on its merits, and should be watched with exceeding care and closeness.

As regards hygienic handling of the case it is only necessary to say that the ordinary rules of hygiene as applied daily by all of us are eminently proper in these cases; such as bathing, massage and the giving of an alcoholic rub once a day; the latter seems to be a good stimulant and certainly seems to promote the patient's comfort.

In conclusion let me add, that while it may seem a lot of details have been set aside and a lot of old junk, in the way

of medicine, cut out, yet I must insist that this is the only way known to modern medicine to do these sufferers any good. And, let me also add, that in order to get his patients to stick closely to the rigid regime the physician must be frank with them, encouraging them all the time; and must see to it that he gets his cases in the incipient stage, and the only way to do this is to make it a routine practice to examine carefully all suspicious cases, both physically and bacteriologically, and if the disease is found, at once tell the patient and explain that by this method only can he or she expect a recovery or a long lease on life. You owe this to yourself, to the patient and to the country at large.

If I have seemed didactic in stating my opinions, I must pray your indulgence because of the importance of the subject, and because, as I stated in the beginning, I have succeeded by this method in relieving several of these sufferers.

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*THE DIAGNOSIS AND TREATMENT OF CYSTITIS IN THE MALE.

S. A. EGGLESTON M.D.,

SHELL MOUND.

Mr. President and Gentlemen:

I have always thought it was not hard to make a diagnosis of cystitis. To locate the cause and decide how best to treat the trouble have seemed much more difficult propositions. There are certain symptoms, more or less always present, which are very characteristic.

Firstly, there is frequent urination. Moullin says "this symptom is never absent unless there is some unsurmountable obstacle". The bladder walls and posterior urethra being inflamed and irritable, the bladder cannot stand any tension and as soon as the smallest quantity of urine accumulates, it is expelled. Ordinarily very small quantities are passed at a time. The desire to urinate may be constant and accompanied by straining and tenesmus, which may be very painful.

Secondly, there is painful urination. In acute cases the pain over the bladder is almost always present. It is made worse by urinating and straining. The pain gets worse as the desire to urinate comes on. It is felt in the bladder and rectum, the end of the penis and down the thighs. In stone and pos-

*Read before the Leflore County Medical Society.

terior urethritis the pain is made worse by emptying the bladder. There may be stranguary, the pain being continuous and the patient straining to urinate, and passing only a few drops of blood-stained urine at a time. Pain in rectum and head of penis indicates involvement of the bladder neck and the posterior urethra. If felt above the pubes, it indicates trouble in the fundus of the bladder. Pressure over the bladder above the pubes, with finger in rectum, causes considerable pain. In the chronic form of cystitis there is little, if any, pain, or if present there is very likely an enlarged prostate with the bladder hypertrophied and contracted.

Thirdly, the character of the urine is altered. In acute cases the amount may be greatly diminished. At first clear, it soon becomes turbid and appears to be mostly blood mixed with shreds and flakes of lymph from the surface of the mucous membrane.

If the posterior urethra is involved the urine is especially cloudy and blood is seen at the end of micturition. In cystitis the blood is mixed with the urine. Blood is present in all forms of cystitis and is caused from rupture of capillaries in the bladder walls.

Fourthly, there is pus in the urine in a short time in all cases. I have noticed this particularly, but it is claimed that if the urine is acid in reaction the pus appears as a cloud distributed through the urine; but if the reaction is alkaline and ammoniacal the pus is coagulated and takes the form of a viscid, tenacious, ropy mass at the bottom of the vessel. When decomposition sets in the odor becomes ammoniacal and very offensive.

Besides these things we must consider the constitutional effects of a case of cystitis. Not so much, I think, to arrive at a correct diagnosis as to get an idea as to the nature and severity of the inflammation. This depends upon the amount and rapidity of the toxines absorbed. If constitutional symptoms are slight we know the bladder is emptying pretty well and taking care of itself and absorption is not taking place, while if the reverse be true the effect may become grave. Chronic urinary fever may become fatal.

This, I think, pretty well covers the principal points to be considered in the diagnosis of cystitis. Of course there is a perceptible difference in the acute and chronic forms. In the latter there is not so great frequency of urination, not so much tenesmus or pain. Ordinarily, very little absorption takes place and constitutional symptoms are slight. The urine is very characteristic, being turbid and ammoniacal and containing so

much mucus as to sometimes entitle it to the name "Chronic Catarrh of the Bladder".

I merely mention the cystoscope, said to be inadmissible in chronic cystitis. By its use one may exclude cancer, tuberculosis and calculus; also detect the presence or absence of enlarged prostate.

The microscope is of use also to determine the character of micro-organism, the urinary deposits, etc. I am sorry to say I am not familiar enough with these instruments to discuss them.

In considering the treatment, it is important to know that suppurative cystitis is always caused by micro-organisms and that under normal conditions, the bladder able to thoroughly empty itself, most of these organisms are entirely harmless and may be injected into the bladder without producing any ill effect. Also that these germs are always with us and ordinarily are harmless, but ever looking for a place of attack and when a suitable place is found become exceedingly virulent. Local foci of infection in the urethra and around the genitals, where germs can thrive, should be kept clean. All conditions interfering with the emptying of the bladder should be attended to and, lastly, all syringes, sounds and catheters should be made sterilized before being used and the external genitals cleaned before their use.

I think results would be better if all patients would consent to go to bed and stay there until the acute stage is passed. Rest is essential. The bowels should be kept open. This relieves any pressure on the inflamed parts from overloaded bowel and at the same time helps to get rid of the main source of colon bacilli, which is by far the most frequent cause of cystitis. I prefer a good dose of calomel at the beginning and give a laxative each day if necessary.

Hot applications over the bladder make the patient more comfortable by relieving pain and tenesmus. Hot sitz baths are highly recommended.

The diet should be mostly milk. No alcoholic stimulants, and meat had better be left off. The patient should have plenty of water, though one author claims, if the desire to urinate is frequent and urgent, the amount of liquid had better be limited.

The urine should be frequently and carefully examined and, if highly acid, some alkali such as potassium acetate, ten to fifteen grains every three or four hours, may be given to allay the irritability. But on account of decomposition of urea or from a fixed alkali, the urine is usually alkaline in reaction and alkalies as a routine should be given. It has always been

a question with me just where to draw the line. I have no fixed rule.

To relieve pain and restlessness it is often necessary to resort to opium. Patients cannot sleep, they suffer almost constantly day and night, and I believe a hypodermic of morphine occasionally is the best thing to do for them. I have used but have never seen what I considered much, if any, good come from small doses of preparations of opium locally in bladder troubles. If the bladder wall is unbroken, it is said morphine and cocaine cannot be absorbed by it. If broken, too much might be absorbed. So at best they are unreliable and if they must be given, I prefer the other way.

Suppositories of opium, belladonna and such anodynes, I suppose, are good, but I confess I have not used them enough to form any very definite idea as to their value. A prescription highly praised is a suppository consisting of one grain of powdered opium and one-sixth grain extract belladonna every three hours.

The balsams are always to be thought of in urinary troubles. In the acute stage it is said they allay the frequent desire to urinate and the pain; and later on when the pus has diminished and the urine begins to clear up, such remedies as turpentine, copaiba, cubebs, cantharides, dissolved in alcohol, quickly cause a cessation of the suppuration and clear up the urine. My idea has always been that they are too irritating and I have not used them very much.

Urinary antiseptics are valuable and should be given. I think a good combination is five grains salol and half as much quinine every three or four hours. If the urine is alkaline, boric acid or benzoic acid, twenty grains in a day, have good effect. One of the best urinary antiseptics is urotropin, given in doses not larger than fifteen to twenty grains in a day. Methyl blue is also said to be good.

In acute cystitis the bladder should not be disturbed by instrumentation or washing. To relieve painful and frequent urination, when bladder is able to empty itself, Morton recommends an instillation of twenty drops of a solution of nitrate of silver, one to ten, deposited every second or third day in the posterior urethra. The bladder must be empty before using. If retention occurs, use a soft catheter.

In chronic cystitis the patient need not be kept in bed, although much exercise is harmful. He should be careful as to his diet and exposure and to his general health. In this stage the antiseptics are most useful and should be given freely. Boric acid and urotropin are among the best.

The treatment here is mostly local. The cause must be

found and, if possible, removed. If a stone or tumor in the bladder cause the irritation, or if stricture or enlarged prostate prevent the emptying of the bladder, they must be attended to before a cure can be hoped for. Urine must not be allowed to accumulate in the bladder. If necessary a catheter may be tied in, but under these circumstances I think it best to consult a surgeon and have a perineal section made. It is in chronic cystitis that irrigating the bladder is especially useful. By means of a fountain syringe two to four ounces of a solution of nitrate of silver, one to four thousand to one to one thousand, is allowed to flow into the bladder and then out. This to be repeated until it comes out clear. This should be done every two or three days. If much pain is produced the bladder may be washed out with salt solution. Permanganate of potash, or boric acid, four per cent. solution, or salicylic acid, three to one thousand, as well as other antiseptics, may be used. It is suggested that in cases of contracted bladders where much pain is present, instillations, as mentioned in treatment of acute form, may be employed with success.

Of course in both acute and chronic forms any constitutional symptoms must be properly treated when necessary.

I want merely to mention, in conclusion, an article by Dr. Ross, formerly pathologist to the City of London Hospital for diseases of the chest, in which he claims to have cured with injections of appropriate bacterins (such as we use in treating gonorrhea) cases of cystitis due to the pneumococcus, the bacillus communis, by the way the most frequent cause of cystitis, and tubercular bacilli. I know nothing of this personally, but it seems that with the aid of the microscope we might find out the cause, and it may be have in this remedy a very simple and effective treatment.

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*RHEUMATISM IN CHILDREN.

W. P. PATTERSON M.D.,

BEAUREGARD.

The subject assigned me for this occasion demands a few preliminary remarks on the literature of the physiology of infancy and childhood, and to say that the more the truth is forced home on one the more it is seen how little that can be of value in practice is known. Nor are we likely to advance in our really useful knowledge until further steps in the direction of a molecular physiology have been made. Few of the text-books upon children's diseases have much space allotted to the study of physiology.

* Prepared for the meeting of the State Medical Association

The growth and development of the infant are subjects of importance; the chemistry of its secretions bears upon the great question of dietetics; the study of its excretions gives us an index to its tissue changes. The guide to the maintenance of its health includes much that is of absorbing interest to the student of biology but what has already been ascertained of the physiology of infancy is mostly theoretical or not clearly applicable in nature. Yet we must endeavor to garner a few practical bearings and to follow a clear, if meagre, outline rather than a confused picture of details.

Though not always true, yet as a rule, to understand thoroughly the therapeutics of an infection, we must at least have a correct conception of its nature and cause. Unfortunately as regards rheumatism, in spite of all the study given to it, we know merely that it is very probably an infectious disorder, while of some of the other disease manifestations called rheumatic we are entirely uncertain as to their nature or their actual relationship to the articular affections. Our knowledge of the therapeutics of rheumatism is therefore necessarily empirical and unsatisfactory. Articular, as a qualifying word, is to be avoided in this connection since it is especially in children that rheumatism manifests itself in many other ways than by involvement of the joints. Articular symptoms are indeed often absent or but slightly developed at this period. Tendinous nodules, tonsillitis, chorea, erythema or inflammation of the endo- or pericardium may be the first or the only lesion occurring, or they may be variously combined, or one or more of them appear in connection with articular involvement and in varying sequence.

Those different lesions are therefore not to be regarded as complications of rheumatic arthritis in children, but as independent evidences of rheumatism. And this should be borne prominently in mind in discussing treatment. Although the attacks of rheumatism in children are probably less severe than in adult life, yet much greater tendency to recurrence of some form of the disease is shown in young subjects. This renders prophylaxis especially important. Particular precautions in rheumatically-disposed children, or in those with a rheumatic inheritance, must be taken against over-heating, exposure and over-fatigue, and since the child lives near the floor, where draughts are most felt, there is great danger of chilling if this precaution is not observed. After free perspiration from active exercise out of doors, the child should not be allowed to sit or stand about unprotected. After accidental wetting it should be quickly undressed, rubbed vigorously until dry and warm, and redressed in dry clothing. Careful systematic hardening

should be sought by use of moderate cool baths, followed by vigorous friction. In many cases change of climate is of great value, especially in the spring and winter months.

A dry, warm, equable climate is preferred, since cold, damp regions distinctly favor the development of the disease. High altitudes, however, although dry, are not favorable as the changes from hot to cold are too sudden. The influence of diet is questionable. The eating of meat rather than starch has been recommended, but the effect does not seem to be proven. Rheumatism is extremely common in early life, far more common than is generally supposed. It is frequently overlooked, and becomes more and more frequent, and the joint affections more pronounced, as each year of life passes, up to six or seven, continuing from this period up to puberty at about the same relative frequency. Quoting from a cyclopaedia of the diseases of children by Dr. Keating we find our writer recording a case in a child ten months old. Another refers to two other cases of only a few weeks old, and another records a case of an infant twenty-three days old. I have never met with an undoubted instance of rheumatism in a child under two years of age, but I have very recently had a case in a boy ten or eleven years, a school boy, confined to the house for several weeks. This was a very pronounced case of sciatic rheumatism caused from trauma, having fallen on his left hip, striking a brick or stone, just posterior to the joint, putting this boy to bed with the best treatment that I could give for two weeks, when the pain and rheumatic symptoms were wholly transferred to the knee articulations, which developed much oedema and the inflammatory symptoms of arthritic rheumatism. Two weeks longer were spent on the bed, when the pain and all rheumatic symptoms had disappeared from the hip and knee, but no sooner did he realize that he was free from pain and felt well in the left leg, than the affliction was transferred to the right leg and knee articulations and he suffered the same agonies as with the former attack in the left hip and leg. I have not the time now to go into any etiological display on the capers of this case, but will ask some or all of Dr. D. W. Jones' best Tri-County Society members for some pathological reason for cause and effects. It is impossible for us to picture this disease in all forms afforded by varying combinations of the different pnenomena, so it may be the safest plan for us to consider each manifestation and symptom apart, and to look for any special features which attach to them in early life and to know more of the common combinations which occur in the rheumatism of childhood.

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E. F. HOWARD B.S., M.D., EDITOR AND PUBLISHER.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The medical department of our state university is now completely rounded out, the Junior and Senior courses being taught in the Vicksburg division that opened Sept. 30th. In the university hospital, formerly the State Charity Hospital, is ample material for clinical teaching and in addition to this the members of the faculty have opened a dispensary that will give excellent training in office work. In the new college building, on the hospital grounds, are ample lecture halls and laboratories, the latter being splendidly equipped.

One feature of the new school, however, leaves much to be desired—the library. A few volumes have been received, as gifts from friends, but hardly enough to be considered a start, and donations are earnestly requested. The dean, Dr. Wm. Krauss, will be personally in charge of the books, to prevent their being injured or removed, and members of the profession are invited to assist in stocking the shelves.

With the numbers of physicians that we have in Mississippi, every few days there is a vacancy in the ranks and some well-chosen library, that represents careful thought and the expenditure of hard-earned dollars, is scattered and wasted. If you cannot spare anything from your own library you can at least use your influence in preventing such waste of that of your departed neighbor and you can even prevent the waste of your own by arranging that in the event of your death it shall be given to the University. And don't put off the making of such arrangements. You know how uncertain life is—we certainly can carry nothing into the life to come, and even if we could there would be no assurance that medical books would be received as legal tender in exchange for either harps or ice.

Society Proceedings.

East Mississippi Four County Medical Society met in the Elks' parlors, Aberdeen, Sept. 14th. at 2:30 P. M., Dr. Feemster in the chair and the following members present: Keyes, Bryan, Burdine, Grady, Hamilton, Durley, Coleman, Wendel, Catchings, McCown, Lee, Rogers, Brand and Underwood. The application of Dr. Taylor Dabbs of Nettleton was received. Drs. Grady, Bryan and Burdine reported cases of pellagra that they have under observation. Papers were presented as follows: "The Diagnosis Of Chronic Gonorrhea" by Dr. Durley of Aberdeen; "Ergot" by Dr. Lee. The thanks of the society were extended these gentlemen. Next meeting will be held at Amory, Tuesday, Oct. 12th.

Harrison County Medical Society met in the rooms of the Gulfport Commercial Union, Sept. 14th. Meeting called to order by Dr. Lebaron, the president. Those present were Drs. West, Welch, Lebaron, Morris, Richardson, Caraway, Hood, Mohler, and Dr. Bond of St. Louis, a visitor. Dr. Welch reported a case of pancreatic tumor which was accompanied by marked disturbance to the general health. After discussion most of the doctors seemed inclined against an operation, on account of the condition of the patient and the danger of an operation on the pancreas. There was a general discussion of pellegra, which was the subject of our last meeting, several more cases being reported in the county. Dr. Welch of Wool Market read a paper on "Hook Worm Disease". It was an excellent paper and was freely discussed by all present, many cases being recalled by the various doctors. Dr. Welch thinks that in the rural districts of the South the greater part of the population are infected, giving rise to much ill health and loss of efficiency. The publicity committee reported and was given extended time.

West.

Jackson County Medical Society held a regular meeting at Scranton Sept. 1st, at which were present Drs. Cox, Duke, Evans, Fuller, Sanders, Tabor and Rape. Dr. W. E. Sharp was elected a member of the society. Dr. Rape was elected to represent this county on the state committee on Public Policy and Legislation. After some routine business, Dr. Evans presented a clinic, a child with infantile paralysis, and on account of the progressive character of the disease after three years

standing it proved to be of more than ordinary interest. Dr. B. F. Duke read a splendid paper on Sub-Acute Nephritis, and Dr. J. S. Sanders followed with an excellent one on Pericarditis. Both papers were instructive and were discussed freely by all the members with a great deal of interest. Dr. Evans was assigned to deliver an address at the next meeting, which will be held at the Cottage-By-The-Sea-Hotel, Pascagoula.

RAPE.

Association Presidents.

C. KENDRICK, Kendrick.

President 1898-9.

Carroll Kendrick was born in Hardin County, Tenn., May 24th. 1852. He has his M. A. degree from Hiram College, Ohio, and his M. D. from the University of Louisville, where he won the faculty medal in 1893 from a class of two hundred and fifty. Coming to Mississippi, he settled in Tishomingo County, where he served as health officer and where he was twice elected to the lower house of the state legislature. Moving to Alcorn County, he was sent to the state senate from the counties of Alcorn, Prentiss and Tishomingo, and served ten years. Later he was again elected and served four years. During his entire service in the legislature, Dr. Kendrick spent his best efforts in the interest of medical legislation and in 1906 the Mississippi State Medical Association formally placed its appreciation of his services on record by a vote of thanks tendered him in appreciation of his good work. In 1904 he was appointed trustee of the State University, to serve six years, and for a number of years he has been president of the Department of Public Health of the state.

Dr. Kendrick has been twice married: in 1882 to Miss Gayle Adams of Corinth, Miss., who died in 1901, and in 1903 to Miss Mary McAnulty of Kossuth. He has no children.

Personal Notes. 1907.

R. E. JONES, Crystal Springs.

President 1899-1900.

Robert Elam Jones was born at Utica, Miss., Oct. 5th. 1843. His father was of Virginia and his mother of Georgia ancestry, the former being also a practitioner of medicine.

Dr. Jones was educated in the schools of his native place, entered the Confederate army in 1862 and served until the end of the war. He was in the campaigns of Mississippi, Georgia and Tennessee, being in the sieges of Vicksburg and Blakely, Ala., as first lieutenant Co. K, 36th. Mississippi. At the latter place he surrendered with his command and was a prisoner at Ship Island until the close of the war. He was present and took part in the battle of Atlanta, where he was wounded. He graduated from the Medical Department of the University of Louisiana, now Tulane, in 1869 and settled in Utica, going later to Crystal Springs. He has always been engaged in general practice.

Dec. 16th. 1869 Dr. Jones married Miss Elizabeth McKey, and is the father of seven children.

He is a member of his county organization, the Tri-County (Pike, Lincoln, Copiah) Medical Society, the State Association and the A. M. A.

Personal Notes 1908.

H. A. MINOR, Macon.

President 1900-1.

Henry Augustine Minor was born in Mooresville, Ala., Feb. 25th. 1835. His father, Dr. Wm. T. Minor, was a Virginian, a graduate of the Jefferson Medical College, a veteran of the war of 1812 and a physician of note in North Alabama, where he practiced medicine from 1818 until his death in 1854. He was a brother of Jno. B. Minor, the distinguished jurist and professor of law at the University of Virginia. Another brother, Lucien, was professor of law at William and Mary College. Dr. Henry Minor's mother was Miss Fanny Washington of Virginia.

Dr. Minor was educated at a high school near Nashville, Tenn., and spent one year at Lagrange College, Ala. He graduated in medicine from the University of Virginia in 1857 and began the practice of medicine in Decatur, Ala., moving to Macon two years later, where he was associated with Dr. J. J. Shelton. In 1861 he enlisted as a private in the 11th. Mississippi but was in a few months made assistant-surgeon of the 19th. Mississippi, and in February 1862 received appointment as full surgeon, with rank of major, in the 9th. Alabama, then attached to A. P. Hill's corps of the Army of Northern Virginia. At the first battle of Manassas Dr. Minor received a bullet through the leg and was disabled for several months. After Gettysburg he remained in the field hospital, in charge of the

wounded of his division, and was sent with the other prisoners to Fort McHenry, Baltimore. Being exchanged later, he served with his command until the surrender at Appomattox.

Walking home from Appomattox, he resumed his practice at Macon, where he has remained ever since, fifty years in harness. Besides his county and state affiliations he is a member of the Tri-State (Miss., Ark., Tenn.) Medical Society, of the Association of Railroad Surgeons and of the Association of Confederate Surgeons. For many years he has been health officer of Noxubee County.

Dr. Minor has long been prominent in his church, the Methodist Episcopal South, and his reputation as an earnest and devout Christian is co-extensive with his acquaintance. A sketch that failed to emphasize his piety and deep religious convictions would omit one of the most conspicuous features of his life.

In 1865 Dr. Minor married Miss Mary Anne Dent of Macon, a niece of Gen. James Longstreet, and from this union are six children: Anna, wife of A. T. Dent, an attorney of Macon; H. D., an attorney of Memphis, Tenn.; Frances, wife of T. P. Crimes of Hattiesburg; H. A. Jr., an attorney of Macon; Lucien, who died in infancy; and L. L., a physician of Hollywood. In 1893 he contracted a second marriage with Mrs. Ellen R. Baechtel.

Though seventy-three years old, Dr. Minor continues in active practice, never refusing a call on account of bad weather or roads. Hale and strong and with unabated courage, he still vigorously pursues the calling he believes to be the noblest profession of man.

H. A. Minor Jr. 1907.

Letters to the Editor.

Macon, Miss., Sept. 10th. 1909.

Dr. E. F. Howard, Editor.

Dear Doctor: In the just published *Transactions* of Mississippi State Medical Association for 1909, on page 129, Dr. H. M. Folkes is credited with having read a paper discussing the theme of "Criminal Irresponsibility", by Dr. E. L. Green. Now I wrote and I read that paper myself.

This is a small matter; but I am not at all sure that our mutual friend, Dr. Folkes, would feel flattered by this ascrip-

tion to his pen: while I—well, I am disposed to claim my progeny—good or bad.

I see no way to correct this save that you might put in a word or two in explanation in your journal.

With kindest regards, I am

Yours truly,

H. A. Minor.

Vaiden, Miss., Sept. 13th. 1909.

Dr. E. F. Howard, Secretary,
Vicksburg, Miss.

Dear Doctor: In the "*Transactions*", in my discussion of "Disturbances Of The Organs Of Regeneration As A Causative Factor In Insanity", I am made to say "the opening was not more than a quarter of an inch in diameter." As this may place me in a somewhat ridiculous light, I would be glad if you would make the correction in the next issue of the *Monthly*. What I said was that "the ovaries were not more than a quarter of an inch in diameter."

Thanking you in advance, I am

Sincerely,

J. W. Barksdale.

Philadelphia, Pa., Sept. 11th. 1909.

Dr. E. F. Howard, Secretary,
Mississippi State Medical Association,
Vicksburg, Miss.

Dear Doctor: We have had recently several complaints from your vicinity that some one is going through the state making contracts in the name of the Lippincott Publishing Company, collecting money thereon and failing to furnish the stipulated goods.

We are not known as the Lippincott Publishing Company, nor do we know whether such a company exists or not; but our reputation is possibly being traded upon. We have no one in our employ under any of the names given, and our men have ample credentials to show and do not collect money in advance, as it is not permitted. The material sent here has all the ear-marks of a swindle, and as the name and location changes constantly we thought you might like to notify members of the Mississippi State Medical Association through their Journal to beware.

J. B. Lippincott Company.

1418 Eutaw Place,
Baltimore, Md., Sept. 16th. 1909.

Mississippi Medical Monthly.

Dear Sir and Editor: I am engaged on a Cyclopaedia of American Medical Biographies to comprise all dead medical worthies who have done anything worthy of note even outside the medical profession, such as geologists, zoologists, etc. Mississippi seems one of the hardest states to work, as at present I have only five names and only two of these written up: B. A. Duncan, N. L. Guice, Claiborne Martin, D. L. Phares (done) and C. A. Rice (done).

I would be very greatly obliged if anyone would sell or lend me books or pamphlets regarding the noteworthy doctors of your state.

Faithfully yours,
Howard A. Kelly.

Book Reviews.

ESSENTIALS OF LABORATORY DIAGNOSIS. Designed For Students And Practitioners. By Francis Ashley Faught M.D., Director of the Laboratory of the Department of Clinical Medicine and Assistant to the Professor of Clinical Medicine, Medico-Chirurgical College, etc., etc., Philadelphia, Pa. Containing an indican color scale in colors, six full page plates and numerous engravings in the text. Philadelphia: F. A. Davis Company, Publishers. 1909.

There are some good things in this book. Like all "Essentials", it is sure to disappoint. There is doubtful utility in the sketchy treatment of animal parasites, without illustrations. The part on malarial parasites had better have been omitted; it is useless. If a novice should have performed the miracle of staining a blood-smear by the methods given, as described, and made a differential leucocyte count, he would have been obliged to turn to a text-book to find out it diagnostic indications. The book will be useful in the hands of the laboratory-trained interne.

Krauss.

CONSERVATIVE GYNECOLOGY AND ELECTROTHERAPEUTICS. By G. B. Massey M D., Attending Surgeon to the American Oncologic Hospital, Philadelphia, etc. Sixth Revised Edition. F. A. Davis Company, Philadelphia.

The author in his enthusiastic efforts to put before the profession the subject of electro-theraphy, has laid entirely too much stress on its importance in conservative gynecology. In-

deed some of his methods are contrary to the teachings of most of the authorities on surgery and are dangerous of application. A most notable example of this is the application of electrotherapy in cases of carcinoma of the breast, uterus and rectum. The claims that the major application of zinc-mercury cataphoresis offers a most effective method for the destructive sterilization of mammary cancer in its early stages without risk of the infective cells gaining access to the lymphatic spaces as may happen in a cutting operation, should be considered dangerous temporizing.

DAUGHERTY.

MEDICAL SOCIOLOGY. A Series Of Observations Teaching Upon The Sociology Of Health And The Relations Of Medicine To Society. By James Peter Warbasse M.D., Surgeon to the German Hospital, etc. D. Appleton & Co., New York. Price $2.00.

Some of the essays of which this little volume consists were written when the author was editor of the *New York State Journal of Medicine*—and evidently awfully hard pressed for copy. All of them were written in the seclusion of the country —apparently recuperating from a nervous breakdown. Having butted his way into the field of medical sociologic literature we trust he will take a long rest—it must be hard work to write a book like this. The publishers have done him handsomely in real cloth and gilt top—but neglected to cut the pages, and we feel quite sure that most people will agree with them that it wouldn't have been worth while.

HOWARD.

PRINCIPLES OF SURGERY. By N. Senn M.D., Ph.D., L.L.D., C.M., late Professor of Surgery, University of Chicago, etc. Fourth edition —thoroughly revised by E. J. Senn M.D. and E. Friend M.D. F. A. Davis Company. Philadelphia.

This book is a worthy memorial of the master mind which wrote it. To this edition have been added a very comprehensive discussion of Wright's opsonic work and Bier's treatment of inflammatory affections. Nothwithstanding the chapters on tuberculosis of bones and joints were written twenty years ago, they are the most complete and concise treatise on that subject to-day. The author has intentionally left out the treatment of the subjects of tumors, fractures and dislocations, and to this extent only does this work fail of being a complete treatise on the general principles of surgery.

DAUGHERTY.

MISSISSIPPI MEDICAL MONTHLY

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*SOME POINTS ON DIAGNOSIS AND TREATMENT OF ACUTE INTESTINAL OBSTRUCTION.

J. W. ARMISTEAD M.D.,

SIDON.

Hidden beneath the abdominal wall there develops a condition in the bowel which obstructs the onward flow of the contents of the alimentary canal. The obstruction may be caused by any of several abnormal conditions existing in the abdominal cavity, of which I will only mention the most important.

Fecal accumulation in the cecum or sigmoid flexure may be of long standing and only cause constipation, when suddenly there may appear a closure of the lumen of the bowel causing absolute constipation and acute intestinal obstruction.

Further there may be an accumulation of feces and gases where there is diffused paresis of the muscular coat of the intestine, giving rise to a condition known as adynamic obstruction—causing marked tympanitis, vomiting and obstruction.

Another condition known as strangulation, generally found in the right iliac fossa, is produced generally by bands of adhesion following peritonitis or abdominal section for the treatment of some pelvic disorder.

A fourth condition known as intussusception or invagination of one part of the bowel into another, is probably caused by a circumscribed, irregular peristalsis of the intestines. This condition occurs most frequently in children prior to ten years of age, males being more subject to it than females.

Volvulus or twisting of the intestines is met with commonly at the sigmoid flexure of the colon, caused from a twist of the bowel upon itself or relaxed condition of the mesentery predisposing to such a condition, giving a complete acute strangulation which is hastened by an accumulation of masses of feces and gases above the twist or by bowel adhesion to adjacent omentum. This condition is generally found in males above the age of forty.

Other conditions may be mentioned; as internal hernia,

* Read before the Leflore County Medical Society.

the most important of which are hernia into the foramen of Winslow and the diaphragmatic hernia.

Meckel's diverticulum will at times be found to be the cause of acute obstruction. The diverticulum owes its origin to failure of the omphalomesenteric duct to become obliterated by undergoing fatty degeneration. Obstruction caused from this is generally a condition in which the traction of the cord on the intestine is so great that it causes the bowel to be bent on itself, obstructing the lumen. Another condition is that in which the bowel is caught between the bands of the ligaments.

Obstruction caused from gall stones is more common in women than in men. After being passed into the bowels they may become arrested in the lower part of the ileum, causing local irritation and finally obstruction by constriction of the intestines.

After taking into consideration the history and age of the patient as compared with the present condition, much may be accomplished toward making a diagnosis. The general appearance of the patient is very characteristic—the eyes are sunken and face pale, there is more or less cyanosis due to impeded respiration or shock attending the obstruction. The nose has a pinched expression, the skin is cold and clammy, the pulse rapid and feeble. In acute conditions, the closure or narrowing of the tract develops suddenly and rapidly and is usually situated in the small intestine. Such an obstruction exerts an influence not only upon the whole length of the intestines, but also upon the point at which the constriction occurs. Locally there is a powerful disturbance of circulation, and consequently of the vitality of the parts concerned, and with this condition existing there is usually produced more or less shock.

Abdominal pain is developed early in the attack and may be intermittent and colicy in the beginning but soon becomes agonizing and constant. The pain is due to increased peristaltic action caused by the efforts of the intestines to overcome the obstruction. It is referred to the seat of constriction or at times may be absent entirely.

Early vomiting and absolute constipation are very conspicuous and important symptoms. The vomitus consists first of the contents of the stomach, then of a greenish watery fluid, finally becoming stercoraceous, having the characteristic odor due to putrid decomposition above the obstruction in the bowel.

In certain forms of obstruction, as intussusception, there may be small stools consisting of blood and mucus, otherwise, after the bowel has been emptied of its contents below the ob-

struction, there is absolute constipation. With the above symptoms, of pain, vomiting, absolute constipation, feeble and rapid pulse, probably a tumor at the point of constriction and more or less shock, we should not hesitate to make a diagnosis of acute intestinal obstruction and advise laparotomy or consultation with a surgeon as soon as possible.

Treatment by the internist may accomplish much by relieving the distress attending the obstruction pending a decision of the question of laparotomy.

The first indication for treatment is the pain and vomiting. The former is relieved by hypodermic injections of morphine, which does not have a deleterious effect on any of the morbid conditions associated with the obstruction, but may mask the grave condition and give rise to a fatal delay.

Vomiting may be relieved by lavage and starvation. Liquid may be given by the mouth and a portion of it will be absorbed and the remainder serves to wash out the stomach. Cathartics when given increase the pain and vomiting, and lower the vitality of the patient. They are contra-indicated and are only given as a result of faulty diagnosis.

Treatment by hydrostatic pressure or inflation is recommended. These methods are to be used when possible.

The strength of the patient should be kept up by nutrient enemas and hypodermics of strychnine.

We should not wait until our patient has passed beyond the hope of relief by our surgeon's knife—and then hastily call for assistance, but we should advise laparotomy in the beginning, at our earliest diagnosis of acute intestinal obstruction, and ask that consultation with a surgeon be had at once.

Then we should do what we can for the relief of the condition of the patient while waiting for the consultation.

CARBON DIOXIDE SNOW: ITS USES AND METHOD OF APPLICATION.

J. H. FOX M.D.,

Instructor in Dermatology, Medical Department University of Mississippi,

VICKSBURG.

Through the kindness of Dr. Henry K. Gaskill, of the staff of Jefferson Medical College Hospital, the writer has been enabled to note some excellent results from the use of carbon dioxide snow as a destructive agent.

A large number of the most intractable lesions have yielded to treatment with this medium.

The range of usefulness of this remedy is very much greater than was first expected. Among those conditions on which this remedy can be used with great advantage are lupus vulgaris, lupus eythematosus, epitheliomata, neurosis, warts, powder stains, etc.

The great advantage carbon dioxide snow has over liquid air is that it can be so easily obtained and kept. Liquid air is very costly and cannot be kept except under great pressure or in a vacuum bottle.

Carbon dioxide snow is made by allowing the gas to escape into any porous material wrapped around the vent in the tank.

Dr. Gaskill uses an ordinary chamois skin. This is wrapped around the vent and the gas is turned on. When enough snow has been precipitated, the vent is closed and the snow is moulded into a ball and then whittled down to the desired point.

With a pair of tissue forceps the ball of snow can be applied to the parts desired to be treated.

The effect of the treatment depends upon the pressure excited during the application and the duration of the contact.

It is very necessary to extend enough pressure to prevent the formation of a thin layer of gas between the carbon dioxide crystals and the lesion or tissue.

By firm pressure this insulating layer is eliminated and the heat is rapidly absorbed from the tissue, resulting in its freezing.

From thirty to forty seconds is the time required for application in the majority of cases, but where there is a bone to press against, such as the nose, twenty to thirty seconds are all that are required.

The physiological effect of the freezing varies from erythema to necrosis; the blood vessels become occluded, followed by anemia, necrosis and atrophy of epithelium.

The application is not painful but the thawing is somewhat so, lasting, as a rule, for about ten minutes.

Very often when applications are made near the eyes the loose tissue may become oedematous, but this will subside in a short while.

The thawing of the tissue requires about the same time as the freezing. It at first shows a layer of moisture of condensation, which is followed by an erythema and slight swelling of the parts. A crust forms during the next few days which should not be disturbed. This exfoliates in from ten to twenty days. The healing of the treated area is unusually smooth and only a slight, pink scar remains, which will disappear in a short while.

For the treatment of lupus eythematosus and the soft hairy moles this method is par excellence.

The following cases the writer had the pleasure of observing at the Skin Department of the Jefferson Medical College Hospital:

Case I. Mrs. W., aged twenty-five. Born in England. General health good. Father and sister died with tuberculosis.

Four years ago she noticed a small eruption on the side of her nose, which soon began to spread over the nose and to both sides of the face; then later the same eruption was found on the crown of the head, which at present is devoid of hair.

July 14th. 1907 she was treated at the Liverpool Skin Hospital. Evidently pyrogallic acid was used, which left an ugly white scar on the side of the nose. She entered the out-patient department of the Jefferson Hospital August 16th. 1909.

Diagnosis of lupus erythematosus was made, and carbon dioxide snow was applied to three lesions of the face for thirty-five seconds each. Treatment was repeated on other lesions seven days later. On this date the crusts of the first application had exfoliated and the clear pink skin could be seen, with no sign of the disease in those particular spots.

After several more weeks of treatment this patient will have been relieved of all signs of a most distressing skin disease.

Case II. Miss C., aged twenty. Born in Pennsylvania. Two brothers died with tuberculosis. General health good. Eruption appeared below the left eye seven years ago, then gradually spread over the face. She was treated at the University of Pennsylvania with X-Ray, with slight improvement noted.

She entered the out-patient department of the Jefferson Hospital about July 15th. 1909. Diagnosis: lupus erythematosus. Carbon dioxide snow was applied with marked improvement. Each lesion which had been treated with this remedy exfoliated within two weeks without any noticeable scarring, and no spread whatever of the disease in the treated area.

Case III. Lelia M., aged thirteen. Born in Pennsylvania. Family and personal history good. When she entered the out-patient department of the Jefferson Hospital she had a dark, heavy mole along the outer edge and lobe of the right ear.

After several applications of the carbon dioxide snow no trace of the mole was left and the scar was not noticeable at all.

Although the method of using the treatment is very simple, in its simplicity lies its danger. It is not advisable for anyone not familiar with its use to attempt it, but in the hands of one experienced with it there is no doubt that the results are beautiful.

CONGENITAL UMBILICAL HERNIA INTO THE CORD.

C. E. CATCHINGS M.D.,

WOODVILLE.

The following case is rather an unusual type of congenital abnormality, and I therefore consider it worthy of permanent record:

On the night of Sept. 22nd. 1908, while at one of our medical society meetings, I was called to a negro house a short distance from our place of meeting. On entering the house I was told that an infant had been born and that there was some trouble with the cord. I found the child on an old quilt on the floor, and upon examination I found the cord and placenta still attached.

At the umbilicus was seen the cord, which was greatly distended at its point of insertion into the abdomen, forming a tumor about two and one-half inches in diameter, and about three and one-half inches long. One side or half of this tumor was opaque, while from the other side the contents could be partly determined through the hernial coverings, owing to the thinness of the layers. I had the child removed to a small table nearby, made a more thorough examination, and satisfied myself that I had a congenital hernia into the cord to deal with. This being the first case of its kind I had ever seen, I tried by manipulation to reduce the contents, which I soon saw was of no avail. I had another physician called and we at once prepared to operate, which we did after the usual precautions. A slit was made into the transparent side of the cord and with pair of blunt scissors the cord was split down to the umbilicus. We again tried to reduce; but still no avail. I then enlarged the ring by an incision through it and into the abdomen; then by careful dissecting we finally made the reduction. The contents of the hernia were caecum and appendix, a portion of the ileum and some omenteum, all firmly adhered to the opaque side of the tumor. The wound was firmly closed with cat-gut sutures and the cord cut and tied. There were symptoms of shock following the operation, but no peritonitis. In two weeks the wound had completely healed and the infant recovered.

In this case I am satisfied the strangulation would have occurred at the neck, through compression of the surrounding tissue, had it been left for any length of time.

Now I have not reported this case as anything new, but somewhat out of the ordinary and something that is seldom seen by the general practitioner. So far as I can learn there are but few similar cases on record.

Dr. Howard Marsh, in the report of St. Bartholomew's Hospital for 1874, calls attention to the "familiar anatomical fact that from about the sixth to twelfth week of intra-uterine life the caecum and neighboring portions of the ileum are contained in the part of the umbilical cord which is next to the body of the embryo, and that they should subsequently withdraw into the cavity of the abdomen. In some cases, however, this recession fails to take place and the intestine remains, even up to the time of birth, still lodged in the beginning of the cord, which is dilated in the form of a membranous sac. Not only may portions of the intestine be thus left outside of the abdominal wall, but, as in a case then recently operated upon by Dr. Warren of the Massachusetts General Hospital, the liver was found lying in a hernial sac made from the dilated base of the umbilical cord."

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*HOOK WORM DISEASE OR UNCINARIASIS.

B. Z. WELSH M.D.,

WOOL MARKET.

Hook Worm Disease or Uncinariasis has existed for a long time in Southern Europe and Africa, the worm being recognized there as early as 1838, but only recently has it been recognized in the United States, the first case being reported by Dr. Stiles in 1892. It was most probably brought to the United States by the negro long before the civil war.

I believe it is constantly becoming more prevalent. The increase is out of proportion to the increase in the population. One who has had any experience with the diseases recognizes it on the streets and roads every day. The sallow-faced dirt-eating boy has been known for a long time. He is a living distributor of Hook Worm Disease, and is more dangerous to a community than a tubercular patient.

The first symptom of uncinariasis is "ground itch", or mazamona. The worm enters the skin causing a papule or vessicle, followed by a dematitis. The parasite develops in polluted soil, and enters the body principally, almost exclusively, through the skin. Once in the body, it enters the circulatory system, passes with the blood and lymph through the heart to the lungs, then into the air spaces, bronchial tubes, up to the larnyx, down the oesophagus to the stomach, finally reach-

*Read before the Harrison County Medical Society, Sept. 14th.

ing the small intestines, their natural habitat. They then become blood-suckers. They frequently turn loose their hold only to take a new one in a new place. They produce a substance that reduces the coagulation of the blood.

"These numerous bleeding points are the cause of the intense anemia. The red cells of the blood pass through the worm without being changed, the plasma only being used. A patient may have anywhere from one to five thousand. If one drop of blood was wasted each day by each of three thousand it would amount to about six ounces daily. It would be easy to see how marked anemia would be caused and how one patient might have a slight and the other a severe anemia, depending on the number of parasites and the blood-making ability."

It has been shown by Loeb and Smith that the toxine destroys the coagulation of the blood, and no doubt plays a very important part in the disease. There is a reduction in the number of blood cells and a greater decrease in the percentage of hemoglobin. This is thought by some to account for the dirt-eating tendencies of some patients, who are unconsciously trying to supply iron. They have a perverted appetite, eating sticks, green fruit, and such like. There is an increase in the eosinophilic leucocytes.

The anemia here is not so marked as in Porto Rico from the fact that our soil is not so heavily infected, although I saw one case recently in which the color index was twenty per cent. The majority of our cases range between forty and seventy per cent. I have a case to report. Some of you will probably remember the case, as I brought it before you two years ago.

Case. Age five years; male. Nothing to be had from family history. The child had always been rather fleshy, and the large size of the head attracted considerable attention among the neighbors. From what could be learned the child, while large, had never been robust. Walked at the age of eighteen months. The family claimed the child had always suffered from dyspnoea on exertion. Had had an attack of ground itch each summer for two years, probably longer. Three years ago he had some catarrhal affection of the nose, characterized by a very foul odor. An intense anemia was noticed at the age of four and steadily increased.

I saw the child first on July 4th. 1907. Physical examination showed a general oedema, abdomen large, head large, lungs normal, liver slightly enlarged, tonsils enlarged. On palpation over the precordial region you could get a thrill which could

also be felt over the carotids; more marked over the right. There was slight enlargement of the heart to the left. Apex beat was both visible and palpable at the nipple. On auscultation there was a loud murmur, systol was in time transmitted to the left axilla and back. Could also be heard over carotids. The second sound was accentuated. Pulse regular. There was also a hum in carotid region. Blood examination showed hemoglobin reduced to forty-five per cent. Urine normal. One examination of feces showed no ova of hook worm. Temperature 100° F. Bowels regular. Had perverted appetite; ate sticks and all kinds of trash. He had gnawed off the corners of the dresser and bed posts. Later examination of feces showed ova of hook worm.

Treatment. Allowed no supper, and at bedtime gave half ounce of magnesium sulphate. At 6 and 8 A. M. next day gave eight grains of thymol each time; at 10 A. M. half ounce of magnesium sulphate; at 4 P. M. allowed a little milk and crackers. Gave him four treatments one week apart. Got hook worms in great numbers. The next day the feces were mixed with blood, coming I think, from the small wounds where the worms had lost their hold. I have seen this occur in other cases, but it never amounts to anything. He passed several small pieces of wood, one being one inch long and nearly a quarter of an inch in diameter.

The child began to improve rapidly after the first treatment. At the expiration of eight months the symptoms had all disappeared and the child is now in excellent health. I gave him tincture chloride of iron for a few weeks, but I do not believe that was necessary.

The feces of a person suffering from uncinariasis are loaded with the ova of the worm, which under the proper condition of moisture and heat are soon ready to reinfect the same patient or some other person who may come in contact with the polluted soil.

In Porto Rico out of 18,865 cases only 791 denied having suffered from ground itch. I have never seen a case in this section but that confessed to having suffered from it, and every one will tell you that he contracted the ground itch in the cow lot. Generically identical but specifically distinct infections occur in cats, dogs, foxes and various other animals, but whether the species that infect cows can pass into man or not I do not know, though I believe there is some relation.

The disease is more common among people who come in contact with the damp, polluted soil, farmers, miners and all people who go barefooted or wear poor shoes. It is a tropical

and sub-tropical disease. In North America the epidemic infection stops at the Potomac River.

Dr. Stiles estimates that one-third of the male tenant whites of the South suffer from the disease. I believe his figures are too small for Mississippi, especially the southern part. I believe that ninety per cent of the children between the ages of four and twenty of the rural districts of Harrison County are infected, and I believe that ninety-five per cent. of the individuals who go bare-footed are suffering from the disease. They nearly all have ground itch, and that means hook worm.

It has been shown by the Porto Rico Anemia Commission that the negro is just as heavily infected and as dangerous to the community as the white man, but that he has a greater resistance to the disease.

It is not known positively how long the infection will last if left untreated, but I know of one case, a doctor, in which it lasted ten years, or at least it had been ten years since he had had ground itch.

Thymol is the specific. For an adult give sixty grains and do not allow any form of alcohol or oil. Give a large dose of magnesium sulphate before and after. No danger.

If the people of the South could be made to fear the hook worm in the same degree that many are fearing pellagra, and they could be taught how to stamp out the disease it would be a great boon to our land. No doubt hook worm disease has done, is doing and will continue to do vastly more harm than pellagra will ever do.

The laity need to be instructed and educated in regard to the slow but deadly disease. The disease can be eradicated by treating all those affected and by preventing the soil becoming polluted from the feces of the infected individual. What is being done in Porto Rico can surely be done here. People are learning how to prevent tuberculosis; the prevention of hook worm disease is much easier.

I heartily endorse Dr. Bass of New Orleans, who says: "I believe that the State is widely infected with a disease slower yet more deadly, either directly or indirectly, than yellow fever, tuberculosis or small-pox. It is dwarfing and destroying both mentally and physically a very large percentage of her youth, and sapping the very life blood of many of her men and women."

We should insist on congress taking charge of the disease and eradicating it the same as the government is doing in Porto Rico.

HYSTERO--SALPINGO--OOPHORECTOMY DUPLEX FOR FIBROIDS.

W. R. McKINLEY M.D.,

COLUMBUS.

During my surgical career it has been my fortune to meet with probably one of the most unique cases recorded in medical literature—that of two uteri in one woman.

From correspondence with most of the leading surgeons and gynecologists of to-day and searching the work and literature of many writers and references, I have not been able to obtain data or information sufficient to report the frequency or number of times with which such anomalous conditions have been met. Abnormal development of the uterus and its associate pelvic neighbors are not extremely rare, in fact very important congenital malformations are frequently met with by most gynecologic operators. The abnormal developments vary considerably. Organs are sometimes super-numerous, sometimes totally absent. Probably every operator of a fairly extensive experience has met with one or more of such malformations, especially those of lesser importance so far as the physiologic possibilities are concerned. In fact these are the cases that most frequently give the conscientious obstetrician and surgeon most concern. The anatomical development of the uterus and appendages may be so nearly perfect that pregnancy may occur and at the same time delivery hazard the life of foetus and mother. From the practical point of view these are the most important cases. The cases in which the maldevelopment is so great as to preclude pregnancy are interesting more on account of their anatomical picture than upon surgical possibilities.

Among the congenital malformations of the human uterus we find many types of development, probably eight or ten. As we all know, embryologists tell us that the tubes, uterus and vagina are formed and developed from the Mullerian ducts. This seems to be universally admitted by all the authorities of embryology. It is the approximation and fusion of the ducts of Muller that form the uterus and tubes. The upper portion of this fusion of ducts constitutes the Fallopian tubes, the middle portion of the uterus and the lower portion of the vagina. So, malformations of the uterus must be due to non-appearance of these ducts, or interference in the development of the proper fusion of these ducts, or complete or partial destruction of these ducts.

Muller's classification and nomenclature of uterine malformations are probably the simplest and yet the most comprehensive. He gives about ten different types or degrees of malformation, viz:

1st. Complete absence of the uterus—which of course must be due to the absence or destruction of that portion of the Mullerian ducts from which the uterus is formed.

2nd. Rudimentary uterus. In this condition the elements of the uterus make their appearance, but early and at different times during embryonic life they are more or less destroyed.

3rd. Absence of cervix.

4th. One horned uterus.

5th. One horned uterus with atrophied second horn.

6th. The two horned uterus.

7th. The two chambered uterus.

8th. The double uterus. The cause of two uteri in the same individual must be due to some interference with the fusion of the middle or uterus portion of the ducts of Muller. The fusion of this portion of the ducts is prevented probably by some of the abdominal or pelvic organs forcing their way in between them.

9th. Faulty or deficient development.

10th. Slight anomalies such as congenital malpositions, double-mouthed uterus, abnormal openings and communications, premature development and hernia of the uterus.

We are told that frequently in non-viable monsters, and occasionally in subjects capable of life, we find two uteri, quite distinct and independent of each other, being separate and, apart, well developed organs. The case I propose to present to you is a case of this kind. Each uterus was distinctly separate and independent of the other. Each was continuous with an apparently normal Fallopian tube and ovary. Each had an apparently well-developed cervix with normal internal and external os opening into a normal vagina. Each rested respectively in the left and right sides of the pelvis. There was no attachment whatsoever by any kind of tissue between the right and left uterus. Each uterus was fibroid. Each had the same blood supply. The right was somewhat larger than the left, most likely due to more rapid tumor growth or growth of longer duration. Each ovary, tube, round ligament and broad ligament seemed healthy and normally developed. On intrauterine examination the two cervices were of the same size and length; no atresia or stenosis of either internal or external os. Length from external os to fundus was the same on intrauterine examination and measurement of both uteri. Appar-

ently it was as easy for an ovum to reach the uterus in one case as in the other. Microscopically the two were alike in every point of development and appeared to be thoroughly in keeping with functions naturally expected of ordinary wombs—that of gestation and parturition. Each external os presented the appearance of slight laceration as one would expect to find in multiparous women. Each round ligament held the respective uterus outwardly and upwardly to the side. The myomatous growth was interstitial in both uteri. The left ovary, tube and uterus were removed in toto. The right ovary, tube and all of uterus and cervix were removed except a very small portion of the cervix. It was not thought advisable to remove this completely on account of the extensive opening that would be left in the upper vaginal vault from side to side. This was very easy because there was no interchange of blood between the two uteri.

Case Report. The patient furnishing this interesting case gives a history of being forty-eight years of age. Began menstruating at the age of thirteen years. Has had five children in four confinements. Been regular in menstruating all her menstruating period till about five to eight years ago. All her pregnancies and deliveries were normal. The last time she was confined she produced twins—boys. Patient clearly states that during her last pregnancy she, herself, and husband and all her family and friends could see, as she expressed it, "a large valley" between the two children. This separation ran from below upwards. That she could see and feel two distinct enlargements from beginning of pregnancy to birth of both children. That one came following severe bearing-down pains, when, after quite a rest, the pains began which brought the last child. They both lived for a time, when they died of diseases peculiar to infants.

This case was referred to me by a medical man with opinion that it was fibroid uterus and that medical means had failed to control hemorrhage which had been going for some time and which had produced a rather pronounced anemia. She was found to be weak and very anemic, with history of severe bearing-down pains, with much loss of blood, ceasing only a few days during the month, and this state of affairs began just after the birth of her twins, eight years ago, and had been growing worse every month.

I contented myself by a confirmation of the fibroid diagnosis and surgical needs, thinking it was a case of multiple or nodular fibroids such as we so often encounter on the operating table. However, the true physical condition was made clear

as soon as the abdominal cavity was opened. Very few adhesions were found. The shock was not extreme and was relieved by adrenalin chlorid in normal salt solution by hypodermoclysis and continued per rectum, with whiskey added instead of adrenalin. The amount of blood lost was very small. Wound was closed wtihout drains and patient made uneventful recovery without suffering pain or nausea.

In brief review I should judge that any special interest this report may have centers in the unique proposition of its analomous or anomaloid occurrence—that of two separate and, apart, distinct uteri, independent and well developed in the same individual. And the further fact corroborated by the strong probable subjective symptoms and the physical possibilities of each uterus having become gravid and that from each a healthy child was born.

LITERATURE: Johnston, Muller, Winckle, Hart & Barbour, Garrigues, Williams.

Mississippi State Medical Association.

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MISSISSIPPI MEDICAL MONTHLY.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

As the chairmen go about their work in making up their section programmes for the 1910 meeting, they are being confronted by the same spirit of procrastination that is so characteristic of our members and that has so militated against the success of our meetings in the past. We have a way of grumbling because our chairmen fill the programme with papers by visitors, and while it is true that the meetings should be of Mississippians, for Mississippians, by Mississippians, we must remember that the chairmen cannot do the work unassisted and that the man who fails to do his part on the scientific programme has no right to grumble if the bill of fare does not suit his palate.

The committee on scientific work believes that all that is needed is a little self-confidence, and an assurance that their papers will not be slighted, to bring out an ample number of Mississippi authors. In order to increase this assurance the committee has recently adopted the following:—"Resolved that those sections containing the largest proportion of foreign element (papers by non-residents of the state) shall be given the least desirable places on the programme." This is not intended as a dig at any of our friends in other states, many of whom have done yoeman service for us in past years, but as an assurance to the members of the Association that their modest efforts will not be shelved. In its final analysis the matter resolves itself into this: The Association is first and foremost for the benefit of its members, and all will agree that the man who writes the paper gets far more benefit from it than does any of his hearers. Therefore let's have them from home men.

LIBRARY FOR MEDICAL DEPARTMENT.

The Dean of the Vicksburg Branch of the Medical Department of the University of Mississippi has had one response to the request for books published in the October *Monthly* that has gladdened his heart. The letter from the donor, which is given below, tells the story, and Dean Krauss has asked that we make this public acknowledgement and expression of his thanks, in which we beg the liberty of joining.

St. Elmo, Miss., Oct 11th. 1909.

Dr. Wm. Krauss,

Vicksburg, Miss.

Dear Sir:—I notice in the *Mississippi Monthly* a call for medical books for the purpose of establishing a library.

I have on hand two hundred and fifty or three hundred books dated from 1700 up to the present time, most of them standard works of their day.

They have been given me, most of them, by physicians who have passed away.

Fifty years of practice and the added weight of eighty-three years tell me I can no longer use them.

If you wish them and will pay the freight on them I will cheerfully box and send them to your address.

Respectfully,

Wm. P. Hughes.

Mississippi State Medical Association.

Jackson, Miss., Sept. 22nd. 1909.

Dear Dr. Howard:

Below is a list of subjects for which I wish you to allow space in the *Mississippi Medical Monthly* until near the meeting of the State Medical Association, April next.

My desire is that the members of the Association shall know the subjects, and that any who will may give me a voluntary paper of his own choice in this list, and that all who will may be prepared to discuss the subjects.

I will make special request of some who can give me good practical papers on any one of the subjects chosen.

My further desire is to bring the Section of Medicine up to the top notch and that all papers for this section be specially

suited to those who are in the active line of battle against disease.

Yours truly, etc.,

B. L. Culley,
Chairman, Section of Medicine.

Section On Medicine.

(1). The Exanthematous Diseases—Cause; Differential Diagnosis; Treatment.

(2). Malarial Diseases—Cause; Prevention.

(3). Tuberculosis—Its relation to State Medicine.

(4). Typhoid Fever—Cause; Prevention.

(5). Typhoid Fever—Duty of Municipalities and State in its prevention.

(6). Pneumonia—Cause; Prevention; Treatment.

(7). The doctor's responsibility in preventive medicine.

(8). Pellegra—Cause; Treatment.

(9). The benefit to the public health by report of all specific, contagious diseases to State Board of Health.

(10). How should the health of the future wives and mothers be safeguarded?

Society Proceedings.

East Mississippi Four County Medical Society met in Amory Oct. 12th. at 2 P. M., Dr. Feemster occupying the chair. Dr. I. P. Burdine presented two clinics, lupus vulgaris and endo-carditis; Dr. Boozer one, anterior poliomyelitis; Dr. Grady one, pellagra. Drs. Keyes and McCown presented highly appreciated papers on "apomorphia" and "tetanus" respectively. Those present and taking part in the meeting were Drs. Burdine, Grady, Lee, Boggan, Cowden, Keyes, Anderson, Nabors, Tubb, Senter, Feemster, Boozer, Underwood and Green. The Amory physicians dined the society at the T. P. A. Hotel. Next meeting will be held at Tupelo the second Tuesday in November at 2 P. M.

Harrison County Medical Society was called to order by Dr. Lebaron in the rooms of the Commercial Union at Gulfport, Oct. 12th. Those present were Drs. Parker, Lebaron, Welch, West, Mohler, Caraway, Hood, Hopper, Priddy, Strange and Anderson. The subject for discussion was pellagra. Dr. Parker presented a clinic with all the typical symptoms of the

disease, stated the history of the case and noted especially that the patient lived largely on corn products. From the history it seems that there had been a number of similar cases in this family, with several deaths. A note from Dr. Bass of New Orleans was read expressing regret that owing to railroad troubles he could not get here. Dr. Parker mentioned that he had tried to get this case in the hospital here, but apparently they did not want it. Dr. Rowan of Wiggins sent a case which was presented by Dr. Hood. After discussion a line of treatment was suggested, general tonics, with arsenic. Atoxyl was also suggested. Dr. Strange suggested that perhaps the trouble was altogether of nervous origin and was due to some derangement of the nerve fibers. It was moved by Dr. Parker that the December meeting be devoted to pellagra and that all the South Mississippi societies be invited; also those doctors of New Orleans and Mobile who are interested in the disease, and also that we invite the surgeon-general to send a special man down to be with us. A committee was appointed to make all arrangements and send out the invitations. The motion was carried and the committee appointed was as follows: Drs. Parker, Hood, Mohler and Folkes. Dr. Parker was appointed as a committee of one to look after the legislation of medical affairs. The publicity committee made a report and was continued. It was moved by Dr. Mohler that the society make Dr. Cox of Lyman a suitable present at his wedding, which takes place Oct. 27th., and that all members who feel inclined are to contribute towards the expense of the present. Drs. Mohler and West were appointed a committee to receive contributions and select the present, which is to be sent in the name of the society.

NOTICE.

The president of the American Gynecological Society has appointed a committee to report at the next annual meeting in Washington, on the Present Status of Obstetrical Teaching in Europe and America, and to recommend improvements in the scope and character of the teaching of Obstetrics in America. The committee consists of the Professors of Obstetrics in Columbia University, University of Pennsylvania, Harvard, Jefferson Medical College, John Hopkins University, Cornell University and the University of Chicago.

Communications from anyone interested in the subject will be gladly received by the chairman of the committee, Dr. B. C. Hirst, 1821 Spruce St., Philadelphia, Pa.

Book Reviews.

THE PRINCIPLES OF PHARMACY. By Henry V. Arny Ph.G., Ph. D., Dean and Professor of Pharmacy at the Cleveland School of Pharmacy, Pharmacy Department of Western Reserve University. Octavo of 1175 pages, with 246 illustratsons, mostly original. W. B. Saunders Company, Philadelphia and London. 1909. Cloth, $5.00 net; Half Morocco, $6.50 net.

A new text-book on Pharmacy has been written and in its completeness, leaves nothing to be desired. It is peculiarly attractive in that the author has a style which makes his text-book very readable, and causes the reader to forget that he is perusing a sometimes dry subject. After discussing very fully pharmaceutic operations, the author takes up galenical preparations, then inorganic and organic chemistry, pharmaceutic testing, and concludes with an invaluable chapter on the prescription. To the average physician this chapter on prescription-writing, especially the article on incompatibles, is alone worth the price of the work.

MYERS.

HUMAN PHYSIOLOGY. An elementary text-bood of anatomy, physiology and hygiene by John W. Ritchie, Professor of Biology, College of William and Mary. Virginia World Book Co., Yonkers-on-Hudson, New York.

This is well called an elementary text-book. It is entirely too elementary for a medical student, though it would serve very well for high-school work were it not so top-heavy.

HOWARD.

THE PRACTICAL MEDICINE SERIES. Comprising ten volumes on the year's progress in medicine and surgery. Vol. VI. General Medicine. Edited by Frank Billings M,S., M.D., Head of the medcal department and dean of the faculty of Rush Medical College, Chicago, and J. H. Salisbury M.D., professor of medicine Illinois Post-Graduate Medical School. The Year Book Publishers, 40 Dearborn Street, Chicago. Price $1.50.

This little volume is a concise and well-arranged digest of the various articles on medicine published during the year. It offers an easy and quick method of reference on this line.

HOWARD.

HAND-BOOK OF MODERN TREATMENT AND MEDICAL FORMULARY. By W. C. Campbell M.D., late resident physician Methodist Episcopal Hospital, Philadelphia. F. A. Davis Company, Philadelphia. 1909.

As a general rule, we are utterly opposed to the idea of physicians using formularies, or any ready prescription writers,

but this work is really an exception to the rule, in that it is not so much as its title implies, a formulary, but that it seems to be a compendium of many stray hints and valuable points that float, as it were, on the stream of medical journalism. The physician will find in it many pointers not found elsewhere, many of the little kinks which when used spell success. We noticed one error in the work. Under the head of dropsy, diuretin is recommended to be prescribed in five-ounce lots, in doses of thirty minims. Since diuretin is a solid, it would be hard to dispense it in minims. This error is regrettable in an otherwise fine work, and it was no doubt overlooked in the proof-reading. MYERS.

THE CONFESSIONS OF A NEURASTHENIC. By Wm. T. Marrs M.D. F. A. Davis Company, Philadelphia.

Three or four mild laughs that are second hand and a modicum of near-wit, if we may be permitted to coin a word, with half a dozen "original" illustrations that look as if they had been made with a scratchy pen on newspaper; the whole done up in a red cover, suggestive of the fire into which we will now proceed to pitch the volume. HOWARD.

TEXT-BOOK OF HYGIENE. A Comprehensive Treatise On The Principles And Practice Of Preventive Medicine From An American Standpoint. By Geo. H. Rowe M.D., late Professor of Therapeutics, Hygiene and Mental Diseases in the College of Physicians and Surgeons, Baltimore, etc., and Albert Robin M.D., Professor of Pathology, Bacteriology and Hygiene, Medical Department Temple University, etc. F. A. Davis Company, Philadelphia.

This is a handy little volume, of size convenient for a school book and with well-chosen divisions. Several well-known collaborators have assisted in getting out this edition, the fourth since 1891, and they have succeeded in producing a book that will answer equally well for the student of medicine for a text and for the practitioner for reference. To further its use to the former, a number of questions are put at the end of each chapter. HOWARD.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes On The Year's Progress In Medicine and Surgery. Vol. IV.—Gynecology. Edited by E. C. Dudley A.M., M.D., and C. von Bachelle M.S., M.D. The Year Book Publishers, 40 Dearborn St., Chicago. Price $1.25.

This book fulfills excellently the purpose for which it was written, *i. e.* to give brief, concise abstracts of the literature on the subject of gynecology for the past year.

DAUGHERTY.

MISSISSIPPI MEDICAL MONTHLY

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*CAUSES OF INSANITY.

V. B. MARTIN M.D.,

BOGUE CHITTO.

To have disordered function of the mind, we must have disordered nutrition or degeneration of the brain. Without a brain there can be no thought, and without a healthy brain there can be no healthy thought.

There are several causes that will produce insanity, if the condition continues long enough; *i. e.* anemia, hyperemia, toxic substances circulating in the blood, drugs or bacterial poisons, etc. We speak of disorders of the mind as being mental diseases and those of other parts of the anatomy as physical, when in fact a diseased brain is just as much a physical disease as if it were some other part of the anatomy.

We name the diseases of the mind by the symptoms, melancholia, mania, dementia, "dementia Americania", etc., which is about as rational or as scientific as dropsy, gout, fever and colic, conveying as little light as possible of the pathological condition of the part of the anatomy affected.

My observation has been that a large percentage of mental diseases are inherited, and if the parents or grand-parents or the great-grand-parents or the great-great-grand-parents could have been treated by some well-informed physician of this day for a specific trouble, which is very amenable (right here I want to say I use the term amenable advisedly, as it takes five or six years to cure with our specifics) to treatment, we would not have scelerosis, apoplexy and insanity developing in our generation of patients, or at least it would be present in very much reduced numbers. It is a sad commentary on posterity but nevertheless true. This disease of which I speak is the sin that I think the inspired writer had in mind when he wrote that the iniquities of the fathers would be visited upon the children even to the third and fourth generation. I truly believe that lues is the cause of at least fifty per cent. of the insanity at this time, the greater part of which is inherited.

*Read before the Tri-County (Pike, Lincoln, Copiah) Medical Society.

In our territory we have had more than our share of cases. When I looked over the program and saw that I was slated for a paper on this, the most deplorable of all diseases, and that my confrere, Dr. Hewitt, was put down on the same branch of medicine, or rather of pathology, I began to wonder why you should select amateurs for so arduous a task, but soon came to the conclusion that it was on account of the epidemic in our community, which had unfortunately gotten out on us.

I have noted as high as four cases occurring in one family and one other effected if not affected. The father of this family died at about fifty years of age, of sclerosis of the spine. I believe that a certain disease was the remote cause of the psychosis in these cases. Keep this picture in your mind, gentlemen, before pronouncing your cases of lues cured.

I am firmly of the opinion that we cannot eradicate the poison in less than a half dozen years, even with the most skillful and persistent treatment.

If you differ with me, keep a record of your positive cases and do not treat them over two years, as some advise. If you are a close observer you will find them returning to you in after years, presenting a pathological picture of which you will not feel proud.

My observation of uncured cases is that they die prematurely of apoplexy or spinal sclerosis, or develop a psychosis and wind up in an asylum.

Psychosis is sometimes caused by trauma, by depressions of the skull pressing on the brain or fractured pieces of skull penetrating into the brain. These cases usually get well if the cause is removed. Psychosis is caused by mastubation and excesses in sexual indulgences. These cases usually get well if they can be controlled when the mental trouble first develops.

We sometimes have psychosis from inflammation of the womb and its appendages. I recall one case of this kind that was sent to the asylum at Jackson. Her former trouble was cured and her mind got all right. That was a number of years ago and she is still living and in good health.

Among the drugs we find producing psychosis when continued for a long time are opium, cocaine and alcohol. Bacterial poisons that very often produce psychosis are those of typhoid fever, scarlet fever, and, last but not least by any means, and a disease that is causing the entire profession of the United States, and especially of the south, a great deal of worry and hard study, is pellagra, or a disease that has been designated by that name, but like our nomenclature in psychosis is as badly named as could be, since a rough skin is the least and

usually one of the last manifestations. The poison, whatever it is, causes degeneration of the central nervous system. Pellagra is a disease produced by eating musty corn meal, so claimed by foreign authors, but seriously questioned as being the sole or only cause by the profession of America.

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*TAPEWORMS.

H. S. CAPPS M.D.,

GULFPORT.

Tyson, in his splendid article on animal parasites, says: "Out of the vast number of animals which, in one or another period of their cycle are parasitic upon some higher form of life, the group that infect man, either as a definite host or as a host of some intermediate stage, is comparatively small." Of these some inhabit the skin, some are found in the blood and muscles, and others infest the alimentary canal. Important among the latter will be found the cestodes or tapeworms.

Since my arrival in Gulfport, I have been called upon to treat a considerable number of cases of tapeworm both in children and adults. Judging from my experience it must be a very common affection not only in Mississippi but in other states and foreign countries. In fact, one of the things that most impressed me in the study of the parasite is its ubiquity, or probable existence in every country of the globe. Long before I began the study of medicine, I had already seen several cases in different towns of South America, and during my medical course I saw cases in the clinics at Louisville and Chicago. Although the ascaris lumbricoides and uncinaria duodenalis are very common in some localities, I do not believe that either of them have such a wide geographical distribution as the cestodes or tapeworms. As its name implies, the tapeworm is a long, flat or ribbon-shaped worm consisting or a head or scolex and body or stobile. The head is a very small globular, pyriform or club-shaped, inconspicuous object, and is not much larger than a pin's head in some species. It is provided with two or four suckers and, in some varieties, with a crown of hooklets by means of which the worm fixes itself into the mucous membrane of the intestines. The head and even the hooks and suckers may be seen with the naked eye, although it is by no means easy to discover in the stools.

*Read before the Harrison County Medical Society, Sept. 14th.

and this requires some little care and experience. I have only been able to secure one specimen, which I have preserved in alcohol.

The body or strobile is made up of a large number of segments or proglottids, all of which are derived from the scolex by a process of segmentation or constriction. The worm varies in length from a few inches to forty or even sixty feet, according to the species. I feel certain that in several of my cases it was not less than twenty feet. Of the different varieties the echinococcus is probably the shortest and the bothriocephalus the longest. One strobile contains from a hundred or two to four or five thousand proglottids. Each proglottid may be regarded as a separate biological entity containing both male and female sexual organs. The whole worm may be regarded as a colony of proglottids derived from a common scolex or head and bound together for the ordinary functions of life and reproduction. The smaller and newer proglottids are found nearer the head, while they increase in size as they become further separated from it, making the worm appear larger at its tail and tapering towards the head.

Histologically, the worm belongs to a very low grade of animal life and has a very simple structure. It has a very rudimentary nervous system, and a so-called "water-circulation", composed of a number of anastomosing canals throughout the strobile. It has no alimentary canal and its nutrition is absorbed directly from the fluids in the intestinal canal of its host.

The most highly developed organs are the organs of generation. The male organs are small and consist of the testes, the vas deferens and a thread-like penis. The female organs consist of the uterus, ovaries and numerous branching oviducts. The uterus and ovaries are well developed and are readily seen with the naked eye, and are situated generally near the middle of the proglottids. If any difficulty is experienced in discovering the uterus, the segments may be cleared up with a little acetic acid or glycerine. The ova are round or spherical and are seen only under a microscope. They are very numerous, over a million being found in one parasite and several thousand in a single proglottid.

Like many of the insects and other parasites, the cestodes pass through several stages of metamorphosis during their evolution. The common varieties of tapeworm present three stages in the course of their development.

The first or embryonic stage is represented by the ova or embyros found on grass or herbs and in water where they have been scattered through discharged feces. Here they may re-

main for an indefinite period of time until they are devoured by some animal which serves as an intermediate host. In the stomach of these animals the thin shells that cover the embryo are dissolved and they are taken up by the circulation and lodged in different parts of the body where they pass into the larval stage.

The second or larval stage is represented by the cysticercus or bladder worm found in the flesh of certain animals, especially in beef and pork. The most common site of the cysticerci is in the muscles of the neck and jaw and under the tongue, where by a close inspection they may be seen, as a pale, shining ovoid cyst about one centimeter in length. Where cysticerci are very abundant, they give the meat a peculiar knotty appearance, which is known as "measly meat".

The third or final stage is represented by the fully developed tapeworm found in the alimentary canal of the human being. Autopsies have shown that the worm is usually found in the small intestine with its head deeply buried in the mucous membrane just below the pylorus. It rarely ever extends beyond the ileo-cecal valve, and may remain in this position for years, discharging ripe segments and ova.

Several varieties of tapeworms have been described, of which the most important are the tenia lata or bothriocephalus latus whose larvae are found in fish; the tenia saginata or medio-canellata whose larvae are found in beef; the tenia solium or dentata whose larvae are found in pork; the tenia canina or eliptica whose larvae are found on cats and dogs; and the tenia nana or egytica whose larvae are found on rats and mice.

We are concerned at present with the tenia saginata and the tenia solium, as these are the most common varieties in this country. Hughes says that the tenia solium is the most common, but I believe that he is the only author who is of this opinion. Anders says the tenia saginata is the most common in this country and in many countries of Europe. Osler says the tenia saginata or medio-canellata is certainly the common type of this country.

Tyson says the tenia solium is extremely rare in this country, popular opinion to the contrary, notwithstanding. As nearly as I could ascertain all of my cases were of the tenia saginata or beef worm. Professor Leidy, according to Tyson, states that all specimens sent him for examination during the past fifteen years were tenia saginata, without a single exception.

The symptoms are rather indefinite. They are local and reflex. The local symptoms are colicy pains and fullness in the abdomen, anorexia or an exorbitant appetite, constipation

or diarrhoea, discharging of segments; they may be accompanied by debility and anemia.

Among the reflex symptoms are pruritis of the nose and anus, restlessness, insomnia, hypochondria, fainting spells, nervousness and convulsions. One patient, who was under my observation, was subject to the most violent epileptic convulsions, which lasted for several hours. I was not able to decide whether these were due entirely to the presence of the worm or not.

From the symptoms alone a diagnosis is impossible. The only sure sign is the finding of the segments, either in the stools or on the clothing. A microscopical examination of the feces will reveal the presence or absence of the ova. My patients generally come to me with their diagnosis already made, bringing segments of the worm which they have recovered from the stools.

A diagnosis of the different varieties is not very difficult and can be made by a close examination of the head and segments.

The bothriocephalus latus is very rare in this country, but its possible occurrence should not be forgotten, especially among sailors and immigrants. It is recognized by its large size, twenty to forty feet, its large club-shaped head, unarmed but provided with two large grooved suckers; its short thick segments which are wider than long, and its rosette-shaped uterus situated in the center of the segment.

The tenia solium is also not very common in this country. It is recognized by its size, ten to twelve feet long; its small pin-head-shaped scolex, armed with a double crown of suckers, the shape and size of its segments which are a little larger than broad, and its dendritic or tree-shaped uterus, extending longitudinally across the middle of the segments. Its ovarian branches are not so numerous as those of the tenia saginata.

The tenia saginata or medio-canellata is the common variety in this country. It is recognized by its pyriform head which is unarmed but provided with four suckers placed one at each corner; its length, fifteen to thirty feet; its segments, which are considered longer than broad; its dendritic uterus situated longitudinally across the middle of the segments like the tenia solium. Its ovarian branches are finer and much more numerous than those of the tenia solium.

Other varieties of the tapeworm are very rare in this country. The tenia eliptica and tenia nana may possibly occur in children from playing with dogs. They are recognized by their small size, only a few inches long; the shape and size of

their head, the shape and size of the segments, and position of the uterus.

A very important part of the treatment of tapeworms is the prophylaxis. This consists in a rigid governmental inspection of all meats; second in burning or destroying all segments of the worm; and in seeing that all meats are thoroughly cooked before they are eaten. Exposure to a temperature of fifty or sixty degrees C. will kill the larvae.

The remedies which have been used are: male fern, kousso, pomegranate root, pelleterine, kamalia, turpentine, pumpkin seed and thymol. Tyson prefers pomegranate root, or some of its preparations. Osler recommends pomegranate root or pelleterine. Hare recommends pelleterine, the active principal of pomegranate root. In my hands male fern has been almost a specific. In fact I have had no occasion to use any other drug. I have never seen it fail when it is properly given and the preparatory treatment is carried out thoroughly. I believe that a combination with other remedies or with croton oil will make it more effective. The following prescription, taken from Hughes, Manual, has given me excellent results:

℞

Olioresin Aspidii - - - -	dr. ij
Chloroformi - - - - -	dr. j
Olii Tiglii - - - - -	gtt. ij
Glycerinae - - - -	*q. s.* oz. ij

Sig:—To be taken in two doses at interval of an hour.

The preparatory treatment is very important and has for its object the removal of the mucus and food from the alimentary canal. I believe that at least half of the failures are due to the patients not following the doctor's instructions in this particular.

I generally direct my patients to fast for one or two days before taking medicine; only a little milk or toast is allowed. On the day previous to administering the anthelmintic, a saline cathartic and an enema are given to clear the bowels. The next morning I give the above prescription and follow it within two or three hours with another saline. This generally succeeds in bringing away the worm. As the treatment is very weakening, however, I generally follow it up with a tonic, containing brandy or strychnine. If the head is not secured, it will contine to form segments which will ripen and be discharged again within about three months. In this case the treatment is to be repeated. If no segments re-appear in the stools after five or six months, the patient may be regarded as cured.

*PROGNOSIS, DIFFERENT FORMS OF INSANITY.

T. E. HEWITT M.D.,

BOGUE CHITTO.

The prognosis of insanity is favorable in many forms of the disease where the surroundings are favorable to the patient. Contrary to common belief, insanity is curable if appropriate treatment is begun promptly. Very few of the insane succumb to the infectious diseases as compared to the general population.

Of fifteen thousand two hundred and forty-eight deaths in Italian asylums, eight and forty-six one-hundredths per cent. were due to tuberculosis. I have no statistics at hand from our own state, but I am sure that the mortality is much greater here than at that time in Italy.

The prognosis of insanity in childhood is much more favorable than in adult life, but if the child shows hereditary evidences the prognosis is almost always bad.

The majority of authors contend or agree that the prognosis of insanity s sufficient evidence of its incurability, while a few contend that there are cases where there has been perfect recovery. Decidedly the hereditary cases are the most curable, although there is more likelihood of relapses than in those in which the hereditary tendency is absent.

It has been estimated that sixty-three per cent. of recoveries take place before the age of twenty-five, although the young are prone to relapses. The menopause is another period of life at which many cases make their recovery.

The acute forms of insanity in which recovery is especially apt to occur are stuporous insanity or so-called primary dementia; confusional insanity; puerperal and lactational insanity, and that which follows acute physical disorders.

The secondary or terminal stage, dementia, as well as recurrent and alternating insanity, is hopelessly incurable. General paralysis of the insane is almost inevitably fatal; so says Henry R. Stedman.

In mania or melancholia, the prognosis is gloomy and recovery seldom occurs. The tendency is toward fatal termination in from two or three to fifteen years.

The general palsies of childhood, the extent and degree of paralysis and the character of the mental changes are important aids in forming a prognosis.

Taken as a whole the outlook is not very bright in any case. In acute delirium (or Bell's mania) the prognosis is

*Read before the Tri-County (Pike, Lincoln, Copiah) Medical Society.

most unfavorable and more so for men than women. Where alcoholism or exhaustive diseases or child-birth are the causes the prognosis is most severe and the case most always fatal.

Epilepsy when hereditary is very rarely cured, but it is claimed that idiopathic cases are occasionally cured. Anders says that he would rather suggest that some cases get well by themselves.

The prognosis of idiocy and imbecility, taking into account the pathogeny of the condition, is unfavorable.

There is at present no means known to medical science or art by which a brain defective in structure or organization can be made perfect. In some cases where there is contracted skull, surgical intervention, to permit the brain to expand, has wrought great improvement.

CONFERENCE ON PELLAGRA.

At the pellagra conference held at Columbia, S. C., Nov. 3rd. and 4th. Dr. Sandwith of London, Eng., stated some general axioms that have proven good in Italy and Egypt:

1. In districts where no maize is cultivated or habitually eaten, pellagra does not exist.

2. There are many districts where maize has been cultivated for many years and yet pellagra has not appeared.

3. Well-to-do people in pellagra districts, living on varied diet and consuming maize as an occasional, and not as the staple cereal, usually escape pellagra.

4. It is not good maize or good maize flour which produces pellagra; the disease requires for its production the habitual use of damaged maize in some form.

There is a vast amount of Italian literature dealing with the question of what the damage may be, and there is now a considerable consensus of opinion in favor of incriminating *Penicillium glaucum* or bread-mold in ordinary pellagra.

5. We are constantly being reminded by skeptics that the maize area of the world is infinitely greater than the pellagra area. This is not the point. The question is, does not pellagra distribution correspond very nearly with the areas on which human beings live who eat damaged maize or products made from damaged maize?

The following resolution, adopted by the conference, gives the sentiments of its members:

Resolved, That while sound corn is in no way connected with pellagra, evidences of the relation between the use of

spoiled corn and the prevalence of pellagra seem so apparent that we advise continued and systematic study of the subject, and, in the meantime, we commend to corn growers the great importance of fully maturing corn on the stalk before cutting same.

Journal A. M. A.

Mississippi State Medical Association.

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MISSISSIPPI MEDICAL MONTHLY.

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S. MYERS M.D., Business Manager.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

To the student of history, there is no more striking phenomenon than the one that the character of nations, like that of individuals, changes. The England of Elizabeth, the England of Cromwell, of Nelson was a self-poised country, meeting good and bad fortune bravely, come how it would. A short space of one hundred years, short in the lifetime of nations, brings us to the hysterical England of the Boer war, with its wild alarms and fevers, its mad joy of revelry. In our own country we have seen the same change of character. Witness an election night in New York, or a New Year revel, and be convinced that we too are changing in character. Even the medical profession is affected by the removal of that inhibition which cultured people placed upon their emotions and fancies. And nowhere is it better exemplified than in the present tendency to become alarmed and hysterical over the discovery that we have in our midst cases of the disease that has scourged poverty-stricken Italy, Roumania and Spain. It would cause no wonder if the disease were imported, in view of the large Italian immigration. To grow hysterical over it and proclaim, as did a health officer in Texas, that he believed there were two million cases in the South—that is, that one in every ten has pellagra—is absurd to the point of being funny. The symptoms of pellagra are well marked. Many of our older physicians have practiced here forty or fifty years. Had they seen (and being far from consultants, they are self-reliant to a degree known only to the doctor who practices alone over a large county) a condition which produced symmetrical sunburn on all exposed surfaces, the hands and arms, chin, back of neck and ears, associated with wasting and diarrhoea, such symptoms recurring every spring and disappearing every winter, it is safe to say that they would not have been so unobservant as the justly celebrated superintendent of that Peoria, Ill., asylum, of which he is a proper inmate, who discharged several nurses for

scalding the patients' arms, and now re-instates them on the theory that the scalds were pellagra. Scalds, in our experience, appear suddenly; pellagra would last over considerable time, and a superintendent might by hurrying reach the case before it died in two or three months. Yet this is all of a piece with the hysterical article in a recent issue of a popular magazine, with a map of which South Carolina must be proud, and which will induce people to visit her(?), showing her black with pellagra. For Mississippi, we deny, and deny with all force possible, that pellagra exists an any quantity in our State. That cases exist, no one will deny, that it is increasing is possible true, but the cost of living is increasing; meat, corn, everything is increasing while the earning power is lessened. People are eating to-day what ten years ago they would have rejected. When the glorious day arrives that the condition of our people shall approximate that of Italian peasants, while wealth untold is possessed by the few, pellagra will be welcomed as a means of escape for its termination is insanity, forgetfulness and death.

MYERS.

Mississippi State Medical Association.

President D. W. Jones announces two changes in the chairmen of sections for the Oxford meeting. Owing to the resignations of Drs. Wright and Sadler, Dr. O. N. Arrington of Brookhaven is now chairman of the section on dermatology and Dr. J. C. McNair of Fayette of the section on materia medica.

Southern Medical Association.

Editor Mississippi Medical Monthly:

As I am particularly anxious for all our Mississippi doctors to become interested in the Southern Medical Association, I ask the privilege of reporting briefly, through the journal, some of the features of the recent meeting in New Orleans.

In the first place, permit me to say, in a general way, that this was pronounced the best meeting that this Association has had; and that it was to me one of the most enjoyable as well as one of the most profitable meetings of doctors that I ever

attended. My only regret is that so few Mississippians were present to enjoy the good things with me.

The program was replete with interesting and substantial numbers and a very large proportion of the essayists appeared when called. The discussions were free and cordial and devoid, in a large measure, of the spirit of rivalry and bickering which so often characterizes medical meetings. The chairmen were full of inspiration and presided with tact, so that the programs swept along without hitches or dull periods.

It would take too much time to mention all the papers worthy of especial note; but I cannot refrain from speaking of the addresses of President Savage, Prof. Dyer and Dr. BuBose. Dr. Savage reviewed the history of the Association, commented upon its value to southern doctors and bespoke for it the support of all within its sphere. His address was an inspiration. Prof. Dyer delivered an oration which for chaste language, beauty of sentiment and perfection of logic approaches the classic. Dr. DuBose, in opening the section on surgery, took occasion to emphasize the need of such an association as a connecting link between the A. M. A. and the State Association, and showed how it would develop southern talent.

A large part of the program was given to pellagra, malaria, tuberculosis and typhoid fevers, in addition to the special work in the sections on surgery and ophthalmology. The clinics on pellagra and the microscopical demonstrations of the forms of malaria were especially good.

There was not much done of importance as to the policy of the Association, except that its journal was discontinued. The council recommended that some other states be invited to join the association; but the recommendation was not approved. Resolutions expressing appreciation of the gifts of Rockefeller, Carnegie and Mrs. Sage were passed.

Our W. W. Crawford was elected president of the Association, a compliment well deserved by him. Dr. Dowling was re-elected secretary. Nashville was selected as the next place of meeting.

Any report of this meeting would be incomplete that did not praise the generous manner in which the visitors were entertained by the fraternity and the people of New Orleans. The New Orleans doctors were unceasing in their attentions and courtesies, both as a profession and as individuals. Special mention should be made of the "smoker" by the Orleans Parish Society; of the luncheon by the Staff of Touro; and of the numerous courtesies, including luncheons, by the Tulane faculty.

But princely as was the entertainment by the New Orleans

fellows, I hear that Nashville has proposed a "raise". Let us all go up next year and "see" their "bid"; and if our "hand" justifies it, let us "call" them—for the next meeting. At any rate, let us join the A. M. A. and help Crawford to make this the best year in its history.

D. W. Jones.

Society Proceedings.

Clarksdale and Six Counties Society will hold its annual big meeting at Clarksdale in December. The advance program shows twenty papers: Amoebic Enteritis, A. J. Jagoe, Clarksdale; A. Case Of Uraemia Associated With Motor Aphasia, C. J. Marshall, Lambert; Elephantiasis, W. M. Carson, Farrell; The Use Of Gonococcic Vaccine In Chronic Gonorrhoeal Affections, S. T. Wells, Alligator; Gonorrhoea In The Male, T. G. Hughes, Clarksdale; Clean Up, Clean Out And Keep Clean, H. C. Buck, Friar's Point; Uses And Abuses Of Quinine, F. M. Brougher, Belen; Hypodermic Use Of Quinine In The Infant As Well As The Adult With Especial Reference To Malarial Hematuria, E. R. McLean, Cleveland; The Quinine Treatment In Malaria, J. T. Longino, Jonestown; The Diagnosis And Treatment Of Thyroidism, B. W. Fontaine, Memphis; The Treatment Of Flat Foot, W. C. Campbell, Memphis; The President's Address—Nausea And Vomiting, J. S. Brooks, Robinsonville; Streptococcic Infections Of The Throat, R. McKinney, Memhpis; Report Of A Case, L. L. Minor, Hollywood; Treatment Of Pneumonia, S. E. Frierson, Lyon; Report Of Cases, B. Malone, Memphis; Some Remarks On Pellagra With Proper Report Of Cases, A. W. Rhyne, Beulah. Other authors whose subjects are not announced are J. W. Primrose, Sarah; J. A. Crisler, Memphis; S. W. Glass, Dublin. The usual banquet will be held at the conclusion of the meeting.

L. E. Pierce.

East Mississippi Four Counties Medical Society met in the court house, Tupelo, Tuesday, Nov. 9th., at 2 P. M., President Feemster in the chair and the following members and guests present: Bryan, Spencer, Sadler, Burns of Memphis, Dobbs, Boyl, Farrar, Brand, Durley, Senter, Anderson, Keyes, Bonner, Elkin, Tubb, Burdine, Boggan, Furr and Underwood. Dr. Burns made an address on surgery, illustrating by several specimens. The local physicians entertained at a banquet at

the Read Hotel. The Society adjourned to meet in Houston Tuesday, Dec. 14th., at which time the 1910 officers will be elected.

F. J. Underwood.

Harrison County Medical Society met Nov. 9th. in Gulfport at the rooms of the Commercial Union, Dr. Lebaron, president in the chair. Those present were Drs. West, Lebaron, Cappa, Sheely, Richardson, Parker, Rowan, Folkes. There were no clinics or report of cases. Dr. Capps read a paper on tapeworms. He treated the subject exhaustively, telling of all the various varieties, cause and method of treatment. Dr. Folkes stated that tape-worms are not so common as Dr. Capps' paper would lead a person to infer. He thought they are more common among foreigners. He told of a case where a patient had been treated by various doctors for indigestion and recovered at once under anthelmintic treatment. Dr. West mentioned the frequency among sailors; he had had eight cases on one ship. Dr. Sheely related some of his experiences with tapeworm. Dr. Richardson spoke of the perverted appetite so often found. Drs. Parker, Lebaron and Rowan made interesting talks on this subject. Dr. Parker, of the pellagra committee, made a report of his progress in arranging for the special meeting in December. He told of all the notables who had been invited A special arrangement committee was appointed to make all other arrangements, Drs. Sheely, Capps and Strange. Dr. West, chairman of publicity committee, reported the publication of an article on hook-worms and stated the various comments that had been made. The society has put on foot steps for quite a large gathering in Gulfport Dec. 14th., to discuss the pellagra situation.

H. H. West.

Tri-County (Copiah, Lincoln, Pike) Medical Society met in regular bi-monthly session at Brookhaven, October 12th., at the mayor's office. Present: Drs. Arrington, Beavers, Bowman, Dampeer, Dodds, Denman, Frizell, Flowers, Higdon, Hewitt, Johnson, Jones D. W., Little E. S., Magee M. M., Magee D. W., Martin, McLeod, McRee, Purser, Rice, Rowan, Thompson F. H., Thompson F. E. Dr. Martin read a paper on "Causes Of Insanity"; Dr. Hewitt on "Treatment Of Insanity". Neither of these papers were discussed, the subject having been thoroughly covered by the papers. Dr. Flowers read a paper on "Diseases Of The Nose And Throat", prepared especially for the benefit of the general practitioner. Under clinical cases,

Dr. Denman and Dr. Arrington reported some cases of pellagra, now under their care. A general discussion of this subject followed, in the course of which it was brought out that this disease is fairly common in this section, about half a dozen cases being reported by the members present. The following were appointed members of the auxiliary committee on legislation: Drs. J. A. Rowan, W. H. Frizell, Thos. Purser. The general program committee was instructed to prepare and have ready for distribution at the next meeting a Course Of Study and Program for 1910. Following committee on entertainment for an annual meeting in December was appointed: Drs. Frizell, Higdon and Johnson. Next meeting at Brookhaven, Dec. 14th., at 2 P. M.

D. W. Jones.

Book Reviews.

TUBERCULOSIS. A Treatise By American Authors On Its Etiology, Pathology, Frequency, Semeiology, Diagnosis, Prognosis, Prevention and Treatment. Edited by Arnold C. Klebs M.D. With three colored plates and 243 illustrations in text. D. Appleton & Co., New York and London. 1909. Price $6.00.

Arnold Klebs has given us a valuable book. Some of the authors are not so well known and many well-known ones are missed. When we consider that many of these have written books of their own, and good books, on tuberculosis, this is easily understood. There cannot be too many good books on tuberculosis. This one is comprehensive, fully up to date, and handles the various subjects in an attractive manner. Some of the things the general practitioner should know more about are, early diagnosis, climatology, rational hygiene, differentiation of type and specializing of treatment. The present-day idea of tuberculosis is that it is a case for milk, raw eggs and fresh air, like syphilis is deemed nothing but a question of mercury and iodides; "malaria", calomel and quinine. The epitomizing of treatments cannot be too strongly condemned. The physician should know all about tuberculosis. He will know much after studying this work.

Krauss.

PRACTICAL DIETETICS With Special Reference To Diet In Disease by W. G. Thompson M.D., Professor of Medicine in the Cornell University Medical College, etc. Fourth edition, illustrated, enlarged and completely re-written. D. Appleton & Co., New York and London. Price $5.00.

That the present edition brings the total of copies up to

thirty thousand is evidence enough that the book is popular. We are too apt to limit our instructions regarding diet to "give only liquids", "let it be a light diet" and "avoid greasy food", and imagine that we have done all that is necessary. When we read this book we learn differently.

HOWARD.

THE DIAGNOSTICS OF INTERNAL MEDICINE by G. R. Butler M.D., Sc.D., L.L.D., Physician-in-chief, Methodist Episcopal Hospital; Attending Physician to the Brooklyn Hospital, etc. With five colored plates and two hundred and seventy-two illustrations and charts in the text. Third revised edition. D. Appleton & Co., New York and London. Price $6.00.

This is by long odds the best work on diagnosis that the reviewer has ever seen and one that should be in the library of every practitioner of medicine, not on the shelf but on the table where it may be consulted daily. Each step in diagnosis is made clear, each point emphasized and its value explained fully. The man who studies it carefully can leave his patient with a clear conscience and meet his consultant without hesitation. The hospital resident will find it a Godsend and the general practitioner cannot get along without it. The illustrations are excellent and really illustrate. The presswork is typical of the publishers.

HOWARD.

RENAL, URETERAL, PERIRENAL, AND ADRENAL TUMORS AND ACTINOMYCOSIS AND ECHINOCOCCUS OF THE KIDNEY by Edgar Garceau M.D., Visiting Gynecologist to St. Elizabeth's Hospital, and to the Boston Dispensary, Boston, Mass.; Consulting Gynecologist to the Quincy City Hospital, Quincy City, Mass.; Member of the Massachusetts Medical Society, The Boston Obstetrical Society, etc; Published by D. Appleton & Co. Price $5.00.

The classification of tumors is good. The author has only given in the text that which has stood the test of the microscope. Many of the older texts of tumors of the kidney have been disregarded for they were already hopelessly confusing. The chapters on carcinoma, sarcoma and adenoma of the kidney are exceptionally good. There are some seventy-two illustrations and the book is well arranged.

MARTIN.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Lectures and Especially Prepared Original Articles. Edited by W. T. Longcope M.D., Philadelphia. Vol. III, Series 19. J. B. Lippincott Co., Philadelphia. Price $2.00.

This issue contains an unusually good set of papers. In them is remarkably illustrated the trend of the present day

towards a conservative consideration of the patient as a whole, in contradistinction to the plan, so common in recent years, of considering only, or rather almost exclusively, the diseased part or organ. This is of course less marked in the pages devoted to surgery but it is a sign for hope to note that it has crept into those on gynecology.

HOWARD.

HISTORY OF YELLOW FEVER by George Augustin, with collaboration of Drs. G. Farrar Potton, Quitman Kohnke, O. L. Pothier, Hamilton P. Jones, L. F. Salomon, Charles Chassaignac, Fred J. Mayer, Henry Dickson Bruns, Louis G. LeBeuf, Jules Lazard and Sidney J. Theard. Published for the author by Searcy & Pfaff, New Orleans. 1909. Price $6.00.

Since the days of LaRoche there has been no such monumental work on yellow fever as this one of Mr. Augustin. Not alone a history of yellow fever, it begins with general observations on epidemics, gives briefly the story of the great epidemics of the middle ages, and then takes up the insect transmission of the disease. The second part is devoted to a discussion of the origin of yellow fever. This is followed by a most exhaustive history of yellow fever by localities, in Asia, Africa, Europe and North and Central America. The United States is covered state by state. The immense amount of research involved in such a history is apparent. The fourth part is a history of the the yellow fever epidemics of 1905, and part fifth, some seventy pages, is devoted to the modern theories concerning yellow fever. This volume of one thousand one hundred and ninety-four pages is therefore complete in all details and must form a part of the library of all interested in that awful scourge, which we hope to have conquered for all time. We cannot pass this book, however, without expressing a sincere regret that it did not fall into the hands of a better publisher, one who had some idea of the size of type, arrangement of statistics, etc. The book is marred by the publisher having used several different colors of paper and various fonts of type, now large as circus type, now small as brevier. The hand of an Appleton or Saunders would have made a different work of it. But the facts, collected and correlated, remain, and will be an imperishable monument to Geo. Augustin.

MYERS.

THE PRACTICE OF MEDICINE by James Tyson M.D., Professor of Medicine in the University of Pennsylvania, etc. Fifth Edition. P. Blakiston's Son & Co., Philadelphia. Price $5.00.

This old friend again appears with the changes necessary

to bring it fully abreast of the times. It needs no introduction since it has been for thirteen years one of the popular works on practice; used as a text by students and a reference by practitioners, reliable and trustworthy, "a very present help in time of trouble". There have been many changes from old editions, such as the treatment of tuberculosis and the infectious diseases generally, diseases of the stomach and of the circulatory and nervous systems. Its admirers will find it as reliable as of yore and the new edition will no doubt receive as warm a welcome and enjoy as great a popularity as did its predecessors.

HOWARD.

THERAPEUTICS; ITS PRINCIPLES AND PRACTICE. By H. C. Wood M.D., L.L.D., Emeritus Professor of Materia Medica and Therapeutics in the University of Pennsylvania, etc. Thoroughly revised and re-written by Horatio C. Wood, Jr. M.D., Associate Professor of Pharmacology in the University of Pennsylvania, Assistant Physician to the General Hospital. Fourteenth Edition. J. B. Lippincott Co., Philadelphia.

The mere announcement of another edition of the work of the "Father of American Therapeutics" is sufficient to create interest in the ranks of the medical profession, for to it the great majority turn for guidance and inspiration in matters of treatment. Every revision brings it squarely up to date, and no one is disappointed in looking for what he seeks in this work, one of the really few landmarks in American scientific investigation. It is no small thing for a book to have passed through fourteen editions and still be welcomed by every thoughtful practitioner. Of course nothing can be said in regard to the arrangement of such a time-tried work. A valuable feature for the student is the summary which, in heavy type, precedes the therapeutic section, making the very full description of experiments clear to the mind. In the hands of the scholarly son of the well-beloved emeritus Professor of Therapeutics of the University of Pennsylvania, Dr. H. E. Wood Jr., the revision leaves nothing to be desired. In conclusion, we may add that the book has been adopted as the text-book on Therapeutics in the Medical Department of the University of Mississippi.

MYERS.

THE PRACTICAL MEDICINE SERIES—Vol. VII, Pediatrics: Orthopedic Surgery. Series 1909. Price ten volumes $10.00; price vol. vii $1.25.

These little volumes give an excellent resume of the year's work in the different branches of medicine and the one now

under consideration is no exception to the rule. Pediatrics is naturally more fully treated than is orthopedic surgery, but both departments fulfill the purpose for which they were intended very creditably.

HOWARD.

DISEASES OF THE SKIN. A practical treatise by Dr. John Shoemaker, Professor of Skin and Venereal Diseases, Materia Medica, Therapeutics and Clinical Medicine in the Medico-Chirurgscal College,, Philadelphia. Fifth Edition, Revised and Enlarged. F. A. Davis Co., Publishers, Philadelphia.

The fifth revised edition of Shoemaker's already well-known text-book on skin diseases is a book that has genuine merit, up to date in matter of text, clearly and generously illustrated according to the modern idea and well worthy of general adoption by students and general practitioners. The chapter on therapeutics of the application of remedies to the treatment of these special diseases is to be especially commended.

FOX.

THE EXAMINATION OF THE FUNCTION OF THE INTESTINES BY MEANS OF THE TEST DIET. By Prof. Dr. Adolf Schmidt, Halle, A.S. Translated by Chas. D. Aaron M.D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine. F. A. Davis Company, Philadelphia.

The author considers the test diet, the examination of the fœces and the significance of pathologic findings therein, describes the intestinal disturbances due to disorders of stomach, liver and pancreas, and finally takes up the independent disturbances of the intestines, functional and organic, making a very complete treatise on enterology. HOWARD.

MISSISSIPPI MEDICAL MONTHLY

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PRESIDENT'S ADDRESS BEFORE THE TRI-COUNTY MEDICAL SOCIETY, DECEMBER 14th. 1909.

J. H. JOHNSON M.D.,

BROOKHAVEN.

Gentlemen:

To-day marks the third anniversary of the Tri-County Medical Society, an organization in which every member takes a pardonable pride. Prior to this time, we had separate county organization; but the more progressive members of the profession, feeling that they were not deriving the full measure of organized medicine, and realizing that in unity there is strength, proposed a union of the county societies of Copiah, Lincoln and Pike, which object was accomplished at a meeting held in Brookhaven, July 1906, with twenty members present. From this small but enthusiastic beginning, the membership gradually increased until we now carry on our roll, as true and loyal members, nearly every doctor within the confines of three counties, and I may well say that the large majority actively participate in the workings of the organization.

During the three years of our existence we have never failed to meet at the appointed time and place, nor have we ever failed to carry out a designated scientific program. We have the distinction of being the first organized medical body—and I believe the only one in the state— to direct the public ear to matters pertaining to public health. This meeting, as you remember, took place August 1907, at the Crystal Springs Chautauqua, when a symposium on tuberculosis was read by members of this society and distinguished colleagues from New Orleans and Memphis.

This innovation elicited a great deal of favorable comment at the time, and had it been generally adopted by other societies throughout the state, on subjects pertaining to preventive diseases and public health, I am of the firm opinion would have been productive of great good.

The year 1908 found us no less enthusiastic, attendance

being good and work thorough. This brings us, briefly, down to the beginning of the present administration.

I wish to express my thanks for the honor which you have conferred upon me. I assure you I more than esteem it as such. Whatever may be the success attending this administration, the credit is due to the individual members, working together for the common good. I especially desire to compliment the younger members for the enthusiasm and active part they took in the scientific program; and, at the same time, sound a note of warning to some of the older members that they must look well to their laurels. Here let me mention, merely to deprecate, the fact that some of our staunchest members, who heretofore had scarcely missed a meeting, this year have been conspicuous by their absence. I trust that this has been due to unavoidable circumstances, and not to lack of interest.

I feel that I should pause here long enough to lay a tribute at the feet of our deceased brethren, Drs. Bennett and Plunkett.

Dr. Bennett was the sage of our society. Truer man or physician never lived. To know him was to love him. Those who were his intimate associates will miss his wise counsel and helpful sympathy.

Dr. Plunkett, one of the leading physicians of McComb, was also called to his reward since our last annual meeting. He had just reached the zenith of matured manhood, respected and loved by a large clientele.

I shall not dwell upon any special feature of the work of this society for the past year, further than to say that it was as good as that of any component society of the State Association. We are thoroughly in touch with the workings of the larger organizations, State and National, and thoroughly abreast of advanced thought of the profession in general.

Our State Association, through its legislative committee, is perfecting plans to obtain some much-needed legislation, pertaining to public health, among which I mention a statute providing for a system of vital statistics, a law requiring a diploma from a recognized medical college as a prerequisite for license to practice medicine, another requiring the licensing of midwives. Our society furnishes one member of the central committee and three members of the auxiliary committee. I would urge each member of our society to use his influence in attaining these much-needed amendments to our now existing medical laws, in order to put us in line with our more progressive sister states, and lift the practice of medicine from a mere means of gaining a livelihood to the exalted position which in truth it deserves—the attainment of which should be our ideal.

Our society also furnishes, this year, the president of the State Medical Association, one of the vice-presidents and the chairmen of two sections. I call upon the membership of this society to rally to their support in their efforts to make this the "best year in the history of the Association". Let as many as can do so make their arrangements to attend the Oxford meeting.

In this connection, I would like to commend to your favorable consideration the newly-organized Southern Medical Association. This, as you know, embraces the states of Mississippi, Louisiana, Alabama, Florida, Georgia and Tennessee, and is now in its third year. It carries on its roster the names of the leading men in the profession in the south. The president for 1910 is a Mississippian, a former Pike County boy, Dr. W. W. Crawford of Hattiesburg, and the councilor for Mississippi is our secretary, Dr. D. W. Jones. I would be glad to see more of our members take an active part in the work of this Association. The next meeting will be held at Nashville, in November.

I feel that I cannot close this address without saying a word in commendation of the work of the local doctors' clubs of Brookhaven and McComb. I am more familiar with the club at Brookhaven, and would like to tell you something of its work. We meet once a week, at which time an hour or two is devoted to scientific work, usually in the shape of a quiz, with a regularly appointed quiz-master and subject selected at the previous meeting; and every member is expected to know his lesson! We find these meetings not only profitable, stimulating study and keeping us in touch with the progress of medicine and surgery, but also a source of great pleasure, bringing us in closer touch socially, where we learn to know each other better, and thus learn to appreciate each other more, thereby preventing the misunderstandings so common among doctors. I commend the organization of such clubs wherever feasible.

And now, in closing, allow me to express my appreciation of the cordial support which you have given this administration, and to bespeak for my successor a continuance of the same.

NOTICE.

The secretary of the State Medical Association requests that he be promptly informed of the election of the 1910 county officers. There is much business, and of importance, for the new year and it will be much handicapped if the Association officers are kept in ignorance as to who are guiding affairs in the different counties.

*SOME PHASES OF ECTOPIC GESTATION.

BATTLE MALONE B.A., M.D.,
MEMPHIS, TENN.

In bringing up for discussion to-night the subject of extra-uterine pregnancy I will limit myself to those phases which are of most interest to the general practitioner; namely the diagnosis and treatment. From a practical standpoint we are more interested in how this condition is to be recognized and treated than in an academic discussion of its etiology, varieties, etc.

It is usual to consider this subject under the classification of cases seen preceding rupture and those seen at the time of or subsequent to rupture. It is rare for one to make a diagnosis of tubal pregnancy before rupture, chiefly because the patient does not consult a physician at this period of the trouble. She likely thinks herself pregnant and during the first few weeks notes nothing abnormal. If, however, for any reason an opportunity for examination is offered at this time the following points are to be observed: there has probably been a previous pelvic inflammation; there is frequently a history of several years of sterility; one menstrual period has been missed—sometimes more; the early evidences of pregnancy are present; the patient complains of more or less pelvic discomfort, or slight, vague colicy pains, beginning four or five weeks from the time of conception; about the latter date there is an irregular uterine bleeding. Bimanual examination at this time would reveal a small mass to the side of and close to the uterus. It is of great help if the ovary on the same side can be distinctly palpated. The vaginal examination should be conducted as gently as possible, as frequently the already over-distended tube has been ruptured by the manipulation. Diagnosis before rupture is greatly to be desired, as of course operation and removal of the tube at the time would be attended with practically no risk to the patient.

If we do not see the case until after rupture we have in addition to the history as above outlined a further history of sudden, sharp pain followed by shock of greater or less degree. The collapse following rupture is of course due in great part to hemorrhage, and the amount of hemorrhage is dependent upon whether the rupture is extra- or intra-peritoneal, and the bleeding is usually even still less when there is simply a tubal abortion, but it must not be overlooked that shock *per se* is as important and often the most important element in producing the collapse developed at the time of rupture. We are accustomed

*Read before the Clarksdale and Six Counties Medical Society.

to regard severe shock as a necessary and constant accompaniment of rupture, and in lesser degree of tubal abortion. This is not true. I do not think that we could have an intra-peritoneal rupture without collapse, but I recall a recent case in which I made a diagnosis of tubal pregnancy, as I thought before rupture, because there had been no sudden, sharp pain and shock. Operation showed that there had been a tubal abortion two weeks before. In another case there was extra-peritoneal rupture and a haematoma occupying almost the whole pelvis, and no history of collapse. These cases, as well as others, taught me not to regard shock as a *sine qua non* in the symptomatology of rupture. In the absence of this symptom we must rely upon the history of the case and upon what is revealed by the bimanual examination. In those cases exhibiting little or no evidence of shock—usually cases of tubal abortion —the patient may go on to complete recovery with absorption of the blood, and gestation sac, or if infection occurs there is pelvic inflammation and abscess formation, usually pointing in Douglas' pouch. It seems to me that the one thing of most importance in the history of these cases is the irregular flow after the menstrual period has been passed—especially if the decidua is recovered from the discharge. This flow is too frequently mistaken for evidence of a threatened uterine abortion. The character of the flow is different, it is rarely so great in amount and the uterine contractions and bearing-down pains are absent. Another difference which I have never seen mentioned, and which is based on the observation of a few cases, not sufficient to permit of its statement as a fact, is that there is not the passage of clots in the flow of tubal pregnancy which is so characteristic of uterine abortion. An accurate history, then, and a careful examination are essential if we are to recognize ectopic gestation before rupture. In a typical case, seen at the time of rupture, there seems little excuse for failure to make a correct diagnosis. In the atypical cases the history carefully taken should usually put one on the right track.

The treatment of tubal pregnancy should, with few exceptions, be the removal of the products of conception by abdominal section, the time of the operation depending entirely upon the condition of the patient at the time seen. If diagnosed before rupture there is no argument as to what course to pursue. Laparotomy should be performed as early as is compatible with the proper preparation of the patient, for we know not when the rupture will occur nor what will be the consequences.

If seen at the time of rupture there is a diversity of opinion as to whether the patient should be subjected to im-

mediate operation in the presence of shock or whether we should await a reaction. If we could know whether the rupture was intra- or extra-peritoneal we would operate on the one class and wait on the other, but few surgeons are so astute as to differentiate between the two forms from the outside. Those who advocate immediate operation do so on the ground of fear of fatal hemorrhage, but it seems to me that if hemorrhage *per se* is to prove fatal the patient in the vast majority of cases would be moribund before a surgeon could be called and make the needed preparation for celiotomy. On the contrary I think it is exceedingly rare that the hemorrhage is sufficient to prove fatal, and that there is much greater danger from added shock due to operation than from hemorrhage. Personally I have never seen one of these patients die. I have always waited and have been rewarded by seeing spontaneous arrest of bleeding and complete recovery from shock, and have operated when it could be done with safety. It must be admitted that in awaiting reaction we are harassed by the fact that these cases are not amenable to the customary methods of treating shock; we have learned to rely chiefly upon the intravenous injection of saline and adrenalin in treating shock, especially when there is bleeding, but the danger of washing out the clots which may have formed and thus increasing the hemorrhage, is too great to permit of the use of these measures when the vessel has not been clamped. Nothing which increases arterial tension should be used. We must in these cases fall back on nature, and as usual the kindly dame does not disappoint us. If the patient is kept elevated, and morphine given, she will invariably rally and the operation can be performed with a greater degree of safety. Usually we can wait several days until reaction is complete, always bearing in mind the possibility of recurring hemorrhage, or secondary rupture, if it has been primarily extra-peritoneal.

If the case is not seen, or the condition not recognized, until later, and infection has taken place and we find a pelvic abscess, this can probably be emptied by vaginal section.

I have failed to make mention of the form of treatment advisable in advanced growth of the embryo, for any discussion of this point on my part would be entirely theoretical. I have had no personal experience with a case of ectopic pregnancy which has gone past four months. The handling of a live placenta during the later months of pregnancy presents as dangerous and perplexing problems as a surgeon is ever called on to solve. No rules for guidance can be laid down, as every case has to be handled in accordance with conditions peculiar to itself. The continued growth of the embryo is, I believe, and ought to be less and less frequent, since improved methods of

diagnosis and more careful observance of the irregularities which are early manifested will lead to recognition and proper treatment in the second and third months of pregnancy.

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*NAUSEA AND VOMITING.

J. S. BROOKS M.D.,
ROBINSONVILLE.

Nausea is one of the most perplexing conditions that confronts the busy doctor and one of the most distressing that he is called upon to treat, and vomiting is only a symptom of a large number of diseases and does not necessarily imply that the stomach itself is diseased.

The physician may find nausea as a complication in almost any disease. Sometimes it yields to treatment readily and then again it may become one of the most stubborn conditions, resisting almost every treatment laid down in the Pharmacopoea. It is not a disease within itself, but a symptom of some pathological disturbance of the human economy, not so easily accounted for upon scientific principles but, luckily for the doctor, one for which he may ascribe many reasons to his unsuspecting patient, none of which may be scientifically correct but which satisfy the patient, a condition sometimes to be eagerly desired.

Let us take a short review of the anatomy of the stomach. It is composed, as we all know, of four coats: serous, muscular, submucous and mucous. You are all too well informed on the anatomy of this organ for me to take up your time in discussing in detail the composition of these several coats and the relation they bear, the one to the other.

It is the structure of the mucous coat or membrane that concerns us most in the discussion of our subject. This membrane, when examined under a microscope of moderately low power, presents a rather peculiar appearance, showing depressions and elevations. In the bottom of these depressions may be seen the orifices of the gastric follicles, situated perpendicularly throughout the entire substance of this membrane. The gastric glands lie beneath these depressions and these follicular orifices are the outlets of this glandular substance, whatever that may be.

There are two varieties of the gastric glands, differing somewhat in their structure, and it is believed by some authorities

*President's Address Before The Clarksdale And Six Counties Medical Society.

that they differ in the nature of their secretions also. One variety is grouped about the pyloric end of the stomach; called pyloric glands. They secrete a serous substance and are composed of columnar and cubical cells, which gives them a finely granular appearance. The peptic glands are scattered somewhat more profusely over the surface of the stomach and, like the pyloric glands, consist of extremely short ducts into each of which open two or more fine tubes. The peptic cells lie for the most part between the epithelium and the basement membrane, presenting a granular appearance.

The blood supply of the stomach is from the gastroepiploica, indirectly from the coeliac axis as this short artery divides into the gastric, hepatic and splenic. The gastric divides into the gastroepiploica dextra and sinistra, one branch running to the right and the other to the left as their names indicate. The former runs along the greater curvature of the stomach and anastomoses with the latter, which passes along the lesser curvature, its branches lying between layers of the omentum, supplying both surfaces and anastomosing with branches from the splenic artery.

The stomach gets most of its nerve supply from the tenth, or pneumogastric, nerve. Branches of the sympathetic also ramify the entire substance as well as the muscular and mucous coats of the stomach. Through the anastomosis of these two great nerve systems, every cell and fibre of the stomach are directly or indirectly connected.

Now any substance taken into the stomach which may irritate or congest these membranes, or any condition that may disturb the equilibrium of this complex nerve supply, produces a condition which we call nausea, and an exaggerated state of this condition results in the effort of vomiting. This nausea exists in different degrees of intensity. A stomach may become slightly irritated and a little nausea result, but not sufficient to produce the effect of vomiting. The irritation, however, may become more extensive and the nausea more pronounced until outraged nature attempts to remedy the condition by emptying the stomach of the offending substance. This emptying of the stomach, with its attending muscular efforts, we call vomiting; a purely mechanical effort, whether excited by the motor or sensory fibers, and in itself sometimes simple and sometimes extremely grave. An instance of this is the vomiting of pregnancy, which is sometimes a very simple condition, hardly calling for remedial interference, and again so grave as to endanger the life of the patient and necessitate the termination of the pregnancy, sacrificing the life of the foetus to preserve that of the mother. Where is the physician who has not been called upon

to wrestle with this distressing problem which sometimes resists not only his best efforts but almost everything known to medical science.

The imagination often plays an important part in this complex condition. In cases of hysteria, for example, you may take a small piece of bread and make a half dozen pills, putting them in an absolutely clean box and dusting them with a little flour, ask a patient whose stomach is easily upset to swallow three in succession, one at a time, casually remarking that they may make the patient a little sick, and the chances are five to one that the patient will vomit before the third pill has been swallowed. Of course you must not tell the patient that they are counterfeit. Now we all know that there is nothing in the bread pill to irritate the stomach, yet a pill of any kind is so revolting that the stomach rebels.

It would be trespassing entirely too much on your time for me to attempt to enumerate the various causes of nausea, with which you are all so familiar, but instead I will attempt to review briefly some of the methods of treatment of this troublesome condition.

First I would suggest that you try to observe the cause, if possible, and remove it, which we all know is sometimes extremely difficult. If the offending substance should be an irritant poison or tenacious mucus, it would be good treatment to empty the stomach with an active emetic and then wash it out with hot water, which may be accomplished by the aid of a stomach tube or by putting in large quantities of tepid water, and when the offending substance has been removed you should exhibit some bland substance such as cerium oxalate, bismuth subnitrate or carbonate of soda, or you might anesthetize the gastric mucosa with minute doses of a four per cent. solution of cocaine or exhibit morphine hypodermatically in quarter grain doses until the stomach is settled, though I should not advise the repetition of the morphine in less than three or four hours. Sometimes counter-irritation has a very happy effect. A sinapism or turpentine stupe may be applied, but I would not advise blistering.

I hope this paper will elicit some important suggestions in the discussion that may follow, for this is a subject of very great importance to the general practitioner and one upon which volumes could be written. I have been unable to treat it with any degree of thoroughness, and only hope for an active discussion.

*DIAGNOSIS OF CHRONIC GONORRHEA.

B. H. DURLEY B.S., M.D.,

ABERDEEN.

Probably no other one of the known agents of infection has had its pathologic role so enlarged as has the gonococcus, and in social status it may now be said to occupy a position quite in excess to that of the tubercle bacillus. There is no infection that is so common to us all and the diagnosis so important as this one, especially in the chronic form. I think almost anyone can diagnose an acute case by the symptoms and history, and as easily treat it, whether we cure it in this stage or not. In this paper I mean to treat of those cases where you have no history of infection, and half of the patients will tell you that they never had anything of the kind in their lives, nor have you very many symptoms to be governed by; you may resort to the microscope and examine the discharge with no results, the diplococcus not being found. Even milking the prostate and examining the secretion, you cannot find the gonococci in the pus obtained. The prostate is enlarged and palpable and furnishes a great opportunity for making an error, as considerable induration and enlargement may exist without the gonococci, while a small, apparently normal organ may contain them. As I have previously said, you may not have the symptoms, only a muco-purulent, scanty discharge occurring in the morning, a burning sensation along the course of the urethra and there is frequently a slight dribbling of urine at the end of micturition.

In chronic urethritis, the case may be so mild as to have no symptoms beyond a turbidity of the urine, due to shreds and pus. It is these cases that are so very difficult to get to and if they are not diagnosed and treated will go on for years without notice and will infect many others, without such intention. So in order to get to these cases it is necessary for us to devise some routine means of determining whether they are due to gonococci or not.

My method, for these cases, if I suspect anything, and I usually do when I find an individual with a muddy urine, or a slight discharge, is to make a smear and examine by means of the microscope, thus determining the presence or not of the gonococci. If the result is negative and the smears from the prostate obtained from milking same are also negative, I usually inject into the anterior and posterior urethra a small amount of silver nitrate solution, the strength depending on circum-

* Read before the East Mississippi Four County Medical Society.

stances, by means of a syringe and rubber catheter, thus starting up an acute inflammation of the urethra. I then have the patient to urinate, milk down some of the secretion from the prostate into the urethra, sealing the meatus up with collodion adhesive and allow to remain until the patient is compelled to urinate the next time. Then open and collect secretions and examine by means of the microscope. As everyone knows there is no better medium for gonococci than an inflamed urethra and if the secretions are retained therein, the few gonococci contained in the secretion will proliferate under such pleasant environments, even if they were inactive before. Under these circumstances they are much more easily seen, because there are more of them and they are more evenly distributed over the field. If the first is negative, take smears at twelve, eighteen, and twenty-four hours and examine. You will find that lots of latent cases, that we think are cured, having discharged them and given our consent or permission for them to marry and copulate at their pleasure, are not cured at all, but are just as able to convey the germ as ever.

The pus is obtained from the urethra in the manner described, being just as careful as possible to prevent contamination. Place on a clean slide, spread, dry, fix by heat and stain with any of the analine dyes, as gentian, violet and fuschin. I use ordinarily a watery solution of methylene blue, stain for one-half minute, wash dry and examine with an oil immersion lens. If the gonococcus is present it will present the following charcateristics: First. It is a diplococcus, coffee-bean shaped with flat sides together, the couple forming an ovoid. Second. They are grouped in pairs, fours and multiples of two. Third. It is found both within and without the pus and epithelial cells. If not satisfied with your diagnosis, you can stain with Gram's stain to differentate from the other cocci, the gonococci being decolorized by Gram. If you suspect gonococci, stain with Bismark brown, which colors the gonococcus and pus a light brown tint, while the pseudo takes a deep purple in marked contrast.

Another thing to take into consideration after the diagnosis of urethral discharge is where does it come from? Whether the discharge is from the anterior urethra or entirely in the posterior urethra. We can decide this in several ways if we have an urethroscope handy. The anterior can be examined very satisfactorily providing the discharge is not too abundant. The instrumentation must be done very carefully, because improper instrumentation may intensify inflammation and lead to abscess, stricture and the like. In these cases the discharge must be reduced by general and local treatment, then

use the urethroscope. The ulcers are very easy to see after you have become usd to the urethroscope. The second method and the most common to all of us is the two-glass test, in which by allowing the patient to pass several ounces of urine in one glass, we then have the washings of the anterior and posterior urethra, usually very muddy in appearance. Now draw off the rest in a second glass and if it is muddy, showing pus, the evidence is in favor of posterior urethritis or that the pus comes from higher up above the vesical neck, from the bladder, ureter or kidney. This test is not always true because the contents of glass number one may contain all the contents of anterior and posterior urethra, so in order to avoid this you may wash out the anterior urethra down to bulb, with boric acid solution, then if first glass is purulent it speaks for posterior involvment also. The third test then can be used to differentiate, by using an injection to permanently color the anterior shreds. Permanganate of zinc, one to five hundred, is preferable. Inject into the anterior urethra and hold for half a minute, then half an hour later examine the patient. It will be found, if he has chronic anterior urethritis, that some of the urethral shreds will be colored brown. These procedures seem to be long and difficult to us all, but they are not so difficult but that all of us can do them in a short while. I do not think it necessary to do all of these tests, but I think we owe as much to our fellow-man and the generations to follow, to carefully and conscientiously look into these cases of chronic form. Diagnose them and prevent the spread of the disease by proper treatment, and advise your patient not to marry until cured, and be as careful as possible in every way. Thus, by prophylaxis, we may lessen the existing conditions.

CHAIRMEN OF SECTIONS.

Medicine	B. L. Culley	Jackson
Surgery	F. M. Sandifer	Greenwood
Obstetrics	G. S. Bryan	Amory
Gynaecology	T. M. Jones	Hernando
Materia Medica	J. C. McNair	Fayette
Pediatrics	J. M. Dampeer	Crystal Springs
Nervous Diseases	G. W. Stephens	Meridian
Venereal Diseases	Robt. Donald	Hattiesburg
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Dermatology	O. N. Arrington	Brookhaven
Bacteriology	W. S. Leathers	University
Eye, Ear, Nose, Throat	D. G. Mohler	Gulfport
Electro-Therapeutics	Rosa Wiss	Meridian
Tuberculosis	P. R. Brown	West Point

THE DOCTOR'S WIFE.

C. H. RICE M.D.,

McCOMB CITY.

Tri-County Banquet. December 14th, 1909.

I responded to this toast
  Two years ago to-night,
And spoke with touching pathos
  Of the single doctor's plight.
Spoke of his lonely struggles
  In this world without a wife,
And finished strong by saying,
  "She is the doctor's life."

I was then a bachelor,
  Had not yet begun to live,
And all I knew of a doctor's wife
  Was what my dreams could give.
And so I hoped and prayed for life,
  And dreamed and dreamed until
I found that I was married,
  And "Of the same opinion still".

But there is one thing puzzling,
  That I've wondered much about;
Why do the sweetest women
  Always pick a doctor out?
No matter whom the doctor,
  Or how lowly he be born,
He always gets the fairest rose,
  While some layman gets a thorn.

There seems to a something
  That other men have missed;
Some charm about the doctor
  That women can't resist.
It passeth understanding,
  I think it always will,
Why a woman is so willing
  To get married to a pill.

Seems to me were I a maiden,
  Fair and sweet as any rose,
And a doctor came a-courting,
  I would simply lift my nose

And sniff the air while saying:
"Sir, my heart could ne'er compel
My nose to get accustomed to
The way you doctors smell!"

Surely 'tis a wondrous love
That naught can ever stop—
Though we stay at the ladder's foot
She thinks we're at the top!
And when we're losing patients,
See them dying one by one,
Though others scoff, she tells us,
"The Lord's will be done."

To-night while we are drinking
To the wives we left behind,
We know that they love us
And we know that love is blind;
So let's make new resolutions,
"Hitch our wagons to a star",
And do our best to ever be
Just what they think we are!

To know just why they love us
Is a thing we can't expect—
For the heart that loves the doctor
Is the heart we can't dissect.
So now let's lift our glasses,
While the sparkle's in the wine,
And drink with humble reverence
To your wives and and to mine.

NOTICE.

Dr. Wm. Krauss, Dean and Professor of Pathology of the Medical Department of the University of Mississippi, will deliver a public address at Greenville, Tuesday, January 4th., on "What The Public Should Know About Tuberculosis", under the auspices of the Washington County Medical Society. Dr. H. L. Sutherland of Rosedale and a number of other distinguished physicians will speak on other phases of the fight against tuberculosis, and the occasion will offer the citizens of Greenville an opportunity for learning how to promote the public health of the community such as is seldom enjoyed.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., Editor and Publisher.
S. MYERS M.D., Business Manager.
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H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

One of the curious phases of the workings of the human mind is seen in the attitude of some of the public officials in their interpretations of the Pure Food Law.

In a country like ours, new, crude and essentially heterogeneous, of course, the medical profession has understood that the Pure Food Law would not alone meet with opposition in becoming a law but would also be in constant jeopardy from a series of insiduous and circuitous attacks which the alert American mind would constantly invent to accomplish its overthrow. As an evidence of this may be cited the workings of the Referee Board in their attitude on the question of the use of benzoate of soda.

It is altogether possible that benzoate of soda in the amount used in certain food stuffs may not do harm.

To lower the standard at the behest of the manufacturers' interest simply means that the law will soon become a farce and nullity.

We might be willing to admit that benzoate of soda, as used in the preparation of food stuffs, at present, is harmless, but we are not at present considering the scientific aspects of this question. Every intelligent American knows that none of our laws are perfect and the best we can advocate in our country at any time is the greatest good for the greatest number, and while I would never be willing to do an injustice to any manufacturer, yet we must admit that the lowering of the bars here means the breaking down of the fence elsewhere.

Let us have no deviation whatever from the strict construction of the Pure Food Law. H. M. Folkes.

Just at this time, and due to the distructive effect of the boll weevil on the doctors' interest in the cotton crop—the "top crop" has always been called the doctor's share—many doctors

are looking for new fields of endeavor. Many of us no doubt would fly from the pest, to other states, but for the medical examinations necessary to obtain license.

Mississippi has inter-state reciprocity with no state in the union, and the fault lies in some parts of our medical practice act, and it should be amended by our next legislature. Other states, even some near us, who had no laws regulating the practice until long after we had them, refuse to reciprocate with us; first, because our laws permit undergraduates to receive license; and second, because we have no college standard.

Mississippi, Alabama and Florida are the only three states, except a few in the far west, which do not reciprocate with some other states.

Our legislative committee should get busy and have the necessary changes made in our laws, to enable us to reciprocate with other states.

It will make Mississippi look better on the map. It will be a God-send to a lot of doctors.

H. L. Sutherland.

Society Proceedings.

Clarksdale and Six Counties Medical Society held its regular December meeting at Clarksdale on the 8th. with an attendance of about fifty. Sixteen papers were read and discussed and eight new members were elected. On the auxiliary legislative committee were elected: Bolivar, H. L. Sutherland, Rosedale; Coahoma, J. T. Longino, Johnstown; Quitman, J. W. Henderson, Lyon; Sunflower, E. L. Robertson, Sunflower; Tallahatchie, J. G. Backstrom, Tutwiler; Tunica, D. W. Coker, Tunica. L. E. Pierce.

East Mississippi Four Counties Medical Society met at the court house at Houston, Dec. 14th., President L. C. Feemster in the chair. Secretary F. J. Underwood being absent on account of a railroad wreck, Dr. R. M. Boyd was elected secretary *pro tem*. An uncinariasis clinic, presented by Drs. Wilson and Boyd, and an unusual ear case by Dr. Williams, were discussed by all present. Interesting case reports were made by Drs. Evans, Feemster, Abbott, Bryan, Brand, Boyd and Guinn. The society, by unanimous vote, decided to take up the post-graduate work as outlined by the A. M. A. for monthly meetings, and each county was urged to adopt the work as arranged for weekly meetings. It was also unanimously decided to hold

one public meeting in each county annually to which prominent men will be invited to discuss preventive measures. These meetings are to be arranged so as not to interfere with the regular work. It was also agreed to have a committee in each county, consisting of two members, one of whom shall be the county health officer, to be known as a committee on public health, whose duty it shall be to inspect public buildings and investigate such other things as may endanger the public health, and to report to the society annually, that it may take such action as it may deem necessary. The retiring president, Dr. L. C. Feemster, made an address showing much thought and deep interest, including many valuable suggestions, all of which were adopted. Genuine appreciation was shown of the wisdom of his administration and his devotion and self-sacrificing work in behalf of the society.

With much feeling the society took steps to do honor to the memory of one of its best-beloved members by adopting the following:

Whereas, the supreme Ruler of the Universe has in His wisdom seen fit to remove from this earth our dearly beloved brother, Robert Paine Wendel; and

Whereas, his life was sacrificed in the performance of professional duty; therefore be it

Resolved, by East Mississippi Four Counties Medical Soicety:

First, that he was a great, good man, never forgetting the many proprieties of this life, true to his friends and magnanimous to his enemies; as gentle as a child, yet a giant in discharge of duty; a Bacon in intellect and a Swift in wit, and yet at home and perfectly understood in the humblest hut; a leader of the profession in the United States, yet as modest and unassuming as the least; a man proud of the name he bore, with a high sense of honor, and a great soul burning with love for his profession and his fellow-man.

Second, that the state has lost one of its leading physicians and the sick, suffering and poverty-stricken one of their most sympathetic friends.

Third, that we miss his gentle smile, hearty hand-shake and wise counsel, and are sorely grieved that he should be cut down in the midst of life. And

Fourth, that we extend to his young wife and little girl our earnest sympathy, and inasmuch as he was the first among our membership to sacrifice his life in the sacred duties of our profession, we feel that of right they are the children of the society; and it is our desire to comfort them in every way possible, and to this end we pledge them our friendship, sympa-

thy and love. To all of his relatives, who have lost such a distinguished kinsman, and to his clientele, who have lost such a noble and able family physician, we offer our sympathy.

J. S. Evans,
G. S. Bryan,
R. M. Boyd,
Committee.

Election of officers being next in order, the following were unanimously elected: President, R. M. Boyd of Houston; Vice-President for Monroe, B. H. Durley of Aberdeen; Vice-President for Lee, T. F. Elkin of Tupelo; Vice-President for Itawamba, John Senter of Fulton; Vice-President for Chickasaw, A. J. Brand of Beuna Vista; Secretary and Treasurer, F. J. Underwood of Nettleton. After Dr. Boyd's election and induction into office, Dr. G. S. Bryan was elected secretary *pro tem.*, and served to adjournment.

After election of officers, there being no further business, the meeting adjourned to meet in Abrdeen in January.

F. J. Underwood.

Tri-County (Pike, Lincoln, Copiah) Medical Society met in the parlors of the Inez Hotel, at Brookhaven, at 2 P. M. Dec. 14th. with thirty members and several guests present. After the president's address and treasurer's report, election of officers was held. Dr. Thomas Purser was elected president; Dr. D. W. Jones, secretary; Drs. Dampeer, Arrington and Rice were elected vice-presidents. After some further routine business, the society repaired to the dining hall, where the annual banquet was served. Dr. Frizell acted as toast-master, and a couple of hours were passed most pleasantly. Toasts were responded to as follows: McLeod, "Our Guests"; Catching, "The Family Doctor"; Rice, "The Doctor's Wife"; Arrington, "My First Case"; Martin, "Sweet Charity"; Little, "Mosquitoes"; Ramsey, "Bugs"; Magee, "Worms"; Lockwood, "The Doctor's Dreams". Editor Hobbs responded to the toast "The Doctor And The Press". He created a good deal of amusement by saying he would observe the ethics of the profession by ignoring this meeting in his paper. Drs. Dickerson and Little spoke of the work of the State Board of Health, of which they are members, calling upon the society to help create public sentiment favorable to some proposed legislation, chief of which is the proposition to make a diploma from a recognized medical college a prerequisite for license, and a system of vital statistics. Senator Rowan endorsed the movement and pledged his support.

D. W. Jones.

Book Reviews.

EXERCISE IN EDUCATION AND MEDICINE. By R. Tate McKenzie A.B., M.D., Professor of Physical Education, and Director of the Department, University of Pennsylvania. Octavo of 406 pages,

Blakiston, Son & Co., Philadelphia. $1.00.

This volume announces the valedictory which is well. It contains also some twenty-two chapters of the author's well-known reports of miraculous cures, abuse of oculists, etc.

H. M. Bell.

MISSISSIPPI MEDICAL MONTHLY

VOL. XIV. FEBRUARY 1910. No. 10

*THE MECHANICAL FACTOR IN LOBAR PNEUMONIA.

JNO. W. PRIMROSE M.D.,

SARAH.

In this paper I hope that I will succeed in bringing out a feature in lobar pneumonia which it seems receives little consideration in regard to its management. My success then will be my excuse for this paper.

We have two chief factors to contend with in the management of pneumonia, namely, the toxemia and the obstruction of the circulation or the mechanics of pneumonia. It is this last condition which concerns us most and will to some extent forever be a factor in its management. I say this because we will have at some future time a satisfactory vaccine or antiserum, or both, which will cause the subject under consideration to concern us but little. I am not among those who say that colored water is as potent as anything else in its management, and he who teaches this should mend his ways.

We have in this condition a block to the circulation. This obstruction is represented by a consolidation in the lung tissue. This consolidation being in the lung tissue, acts as a block to the right ventricle through the pulmonary artery. If the right ventricle is compensating there will be an exaggerated second heart sound which is due, I might say, to the hard closing of the pulmonary valves. This, the second sound, is a fairly good index to the amount of obstruction.

The right ventricle gets tired of pushing a column of blood through the pulmonary artery against this obstruction, and should the heart muscle be exhausted, it will cease to contract promptly and a dilated right ventricle follows as a result, which produces a leaky tricuspid valve and we then have a right heart and lung engorgment of venous blood, a condition which is responsible for most of the deaths in pneumonia. In this condition the second heart sound is much diminished. We then should give some of our attention to the second heart sound.

I have had no experience with blood pressure machines, but

*Read before the Clarksdale and Six Counties Medical Society.

believe one would be of much service as a control in the treatment.

It then becomes our duty to anticipate this possible and exceedingly dangerous condition by the administration of good digitalis. Inasmuch as this dilatation nearly always occurs after the fifth day, it is usually not necessary to begin its use before that time. It is far better to anticipate this condition and begin too soon than too late, for the heart's failure is sometimes rapid and we usually are too late. So, from the above reasoning, to start too soon is to be on time. The crisis marks the neutralization of the toxins by antitoxins.

After the crisis there is not so much fear of dilatation, for the nervous system has regained vitality by the antitoxins, but the digitalis should be continued for several days thereafter. It is also necessary that the patient should not get up or raise up during the pneumonia, and for several days after the crisis, as this causes extra work on the heart. An occasional depletion of the blood vessels by salts is a great help, and bleeding is sometimes a life saver. It is unnecessary to mention that blacksmith's food and second hand air are not needed.

The future treatment of pneumonia no doubt will be antiserum or vaccine, rest, good air, depleting cathartics, digitalis and bleeding—all used with good judgment.

Nothing has been said in regard to the nervous and digestive symptoms, pain, fever or consolidation, but under no circumstances administer anything for the relief of any of these conditions at the expense of the heart.

In considering this obstruction I did not mention the role played by the toxemia on the nervous mechanism of the heart, but this toxemia causes the heart to become very easily exhausted.

In conclusion let me say that we should not have our minds centered on the lung, but we should have as our motto, "Watch the heart".

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*TREATMENT OF PNEUMONIA.

S. E. FRIERSON M.D.,

LYON.

In the consideration of this most important subject it is necessary to make some distinction between lobar, or croupous, pneumonia and broncho, or catarrhal, pneumonia. Lobar pneumonia is self-limited and cannot be aborted or cut short by any known method of medication. There is no cure for this variety

* Read before the Clarksdale and Six Counties Medical Society.

except death of the bacteria by their own toxins. It does not lie within our power to more than modify its course. This should be the aim of our efforts. More than this may detrimental to our patients, for "meddlesome medicine is harmful".

Our treatment in both varieties resolves itself into elimination, stimulation and sedation. For this suggestion I am indebted to Dr. Gray. Each of these is important, and may exercise the physician's keenest judgment. Any inflammation, wherever found, is attended with more or less waste material, and it is important to consider every avenue of escape for such material.

The first to which I wish to draw your attention is the bowel. All will agree that the first medication in pneumonia patients, where secretions are locked, which means practically every one, should be a hydrogogue purge. In this country calomel is usually the one chosen, followed by a saline or oil. It may be necessary to repeat this dosage, and I am very fond of a prescription consisting of calomel, blue mass and a small amount of opium, always followed with oil or a saline, for it is of the greatest importance to guard against salivation. It is also important, especially in the old, to guard against too vigorous purging. The mercury serves the double purpose of cathartic and diuretic. Elimination by the kidneys is of no small importance. I believe that sufficient cold water should be given to keep the kidneys active. It is of the greatest importance that the kidneys should be watched closely and elimination in this manner encouraged. Emphasizing the importance of this avenue of elimination, a distinguished physician said to me that he had never seen a pneumonia patient die until after kidney secretion had waned. The water, taken cold, serves the additional purpose of reducing the temperature and toning up the nervous system.

The next avenue of escape for toxins to which I wish to call your attention is the lung. This involves the very important question of ventilation. In no disease is fresh air more indicated than in pneumonia, whether croupous or catarrhal. Forcheimer claims for it the production of deeper and less frequent breathing, the power of dispelling cyanosis, and a better elimination of carbon dioxide. It reduces toxemia, improves metabolism, promotes rest and increases kidney action. Oxygenation is better and the heart's burden is less laborious. It is stated by Forcheimer that the respirations will be diminished by ten per minute when the patient is changed from a poorly ventilated room to one that is well ventilated. The ideal room for a pneumonia patient is one free from dust, with an abundance of sunlight, an open fire and plenty of fresh air. The

temperature of the air outside the room need not be considered, as the fire will heat sufficiently to prevent coughing caused by irritation of the upper air passages due to the cold air.

The last eliminating organ is the skin. I call upon the skin for very little in this disease. I am opposed to the coal-tar preparations as diaphoretics, because of their depressing influence on the heart. The patient should be covered with light, warm covering and his skin rubbed with alcohol, or hot sponge baths may be used. When the fever is high, quinine serves as a most admirable antipyretic. Whether it has any specific effect on the bacteria or not I can't say, but think that I have observed that after large doses have been given during forty-eight hours the temperature is reduced and does not return as high as before. Possibly this reduction of temperature was due to the elimination which had taken place by this time. Dr. Sutherland states in an article on "The Treatment Of Broncho Pneumonia" that is has the effect of lessening the toxemia, not only in broncho pneumonia, but also in lobar pneumonia, reducing the temperature, steadying the pulse and equalizing the circulation. In another article on "Quinine, Its Therapeutic Possibilities", he says: "I have given sixty grains in a space of ten hours, and repeated it in twenty-four hours with excellent effect upon all the symptoms, including pain. It not only reduces fever, but lowers pulse rate and respiration, is a diaphoretic and refreshes the nervous system."

There are those who hold that the fever is beneficial. I believe that the fever is a normal reaction and its absence might indicate a more depraved physical condition. Anders says that the fever enhances tissue metabolism and diminishes toxemia. This aids in the destruction of the specific poison of the disease. It seems to me that katabolism is the only part of metabolism that is increased by fever. We are all familiar with the wasting that takes place in fever patients. It may be that a temperature above normal would lend to the generation of pneumococcus antitoxin. I believe that a temperature above 103° will prove more rapidly detrimental to the patient than to the etiologic bacteria.

Venesection is practiced by some, but is effects are transitory. There may one condition when it would be of great value, and that is in an overloaded right heart, when cyanosis has taken place with congestion of the periphery. It should only be practiced in robust patients, and then I would always follow it with intravenous saline solution.

Under the consideration of stimulants, food is entitled to first place. It is no small thing to feed a pneumonia patient correctly. Our aim should be to give the proper quality and

quantity of food to support the vital powers and not to give that amount or that quality that will engorge the patient or produce tympanites, which is one of the most serious complications. The diet should consist principally of milk, eggs, either raw, soft-boiled, or in eggnog, gelatinized foods and easily digested carbohydrates, as rice, cooked three hours, strained oatmeal, etc.

Of the stimulating drugs I dare say strychnine is entitled to first place. In this we have a drug which increases the depth and diminishes the rate of respiration. H. C. Wood says it is the most reliable respiratory stimulant. It is also a powerful stimulant to the vaso-motor system, increases vascular tension and the heart's action. In severe cases it should be given in one-thirtieth to one-twentieth grain doses every two or three hours until its stimulating effects are seen, care being taken to see that the patient does not get enough to depress the respiratory center. If strychnine is to support the heart it should be started at the earliest signs of lowered tension or heart weakening, but care should be taken not to give it while the heart is being over-stimulated by the toxins of the disease, for then its effect would be towards exhausting the heart.

Next to strychnine in the list of stimulants it seems to me that sparteine is entitled to consideration. Dr. Petty says of sparteine that it is the only true heart tonic and that it serves in the same capacity as digitalis and veratrum viridi, that is, stimulates the heart and relaxes the arterial walls. Unlike digitalis, it does not disturb the stomach. Digitalis contracts the peripheral vessels and thereby increases resistance against the heart's action; in a measure it increases the heart's work. There are some who hold that pneumonia can be aborted by digitalis. In advanced cases when the pulse is rapid and thready and blood pressure is at a very low ebb, its value in combination with strychnine is excellent. Digitalis and sparteine both have happy effects upon the kidney, promoting diuresis. Anders says they should be used sparingly. The tincture of veratrum viridi produces a good effect upon the congestion in the early stage, since it relaxes the arterial wall and this bleeds the patient into his own vessels and allows the return of blood to the circulation when the stage of consolidation is reached. Diminishing the pulse tension is the indication to leave off any heart sedative. Anders further says that the tincture of aconite, owing to its depressing influence upon the heart, should not be employed.

Counter irritants in former days were very much in vogue, and are still used to some extent. I am not prepared to say that they are entirely without benefit, but think that if there is benefit from such usage it is that in a reflex way they promote

better circulation through the underlying organs. Counter irritants simply give us two inflammations to treat instead of one, when carried to the point of blistering. I can see no objection to simply producing redness, and this may be repeated once daily if desired.

Expectorants, I think, find no indication in croupous pneumonia. My objection to them is that they upset the stomach and I do not see that they aid in clearing the lungs of any secretions. In broncho-pneumonia they may stimulate secretions and be of benefit in the latter stage.

Under the head of sedatives, cold and opium are the two most reliable agents. Cold in the form of an ice pack is much vaunted by many authors. My experience has been obtained in the country, where the ice pack is not available. It is said to dispel pain, stimulate the nervous system, reduce temperature, refresh the patient and produce sleep. Opium in minute doses, either in the powdered form or as Dover's powders, has always served a good purpose in the cases I have treated. It gives rest to the patient, produces sleep, thereby refreshing the nervous system, and rests the heart. It is contra-indicated when the bronchial tubes are filled with secretions. More especially is this the case in broncho-pneumonia. After all, many cases of pneumonia would recover without treatment.

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*A CASE OF UREMIA ASSOCIATED WITH MOTOR APHASIA.

C. J. MARSHALL M.D.,

LAMBERT.

The case I wish to present to you this afternoon was of such a peculiar nature to me that, although it may not be so to you, I thought it worth mention in a few words.

On September 24th. 1909 I was called hurriedly, at about noon, to visit E. L., colored, male, aged seventy-five, who, my informant stated, had been suddenly stricken speechless.

On reaching the house, I found him sitting in a chair on the back porch, looking perfectly healthy in all respects, except that he was expectorating rather more than he should. He was surrounded by a crowd of awe-stricken neighbors, of course, and before attempting anything else I proceeded to try to get the immediate history of the case.

It seemed that he had been engaged all morning in hauling some lumber for a building. I will state here that in spite of his age, which I have on good authority, from various sources,

* Read before the Clarksdale and Six Counties Medical Society.

he looks to be a man of about fifty and is very well preserved. Being at the house at eleven thirty, his daughter told him to get ready for dinner, which she had ready. He said "all right", went and washed his hands and face, and she handed him a towel, addressing some question to him at the same time. It was then that she noticed that something was wrong, for, while he modulated his voice correctly in replying, and appeared to attempt a lengthy sentence, he only enunciated the single syllable "no".

I asked the usual questions as to his appetite, digestion, bowel and kidney actions, and was informed that he had apparently been in the best of health. His pulse, temperature and respiration were all normal. I tried to interrogate the patient himself, but without success, except as I could judge his replies by the varying inflections with which he pronounced "no". The knee and other reflexes were apparently normal. I suggested that he lie down, but he could not be persuaded to do so, resisting violently. On inquiry as to previous head injuries, I was told that he had had an accident years before, and had been trephined, but I could find no evidence of this, and there was no sign over Broca's convolution. Being puzzled over the case, and thinking there might be cerebral hemorrhage, I gave him, hypodermically, ergotin 1-10, atropine 1-100, and strychnine 1-60. After a few minutes I thought I could detect a little improvement, but, in less than an hour he seemed to get delirious, and tried to preach a sermon, still uttering unintelligible sounds.

To quiet him, and, if the trouble were due to autoinfection, to clean out the prima via, I gave him apomorphine 1-10, and hyoscine 1-100 hypodermically, and calomel and jalap, ten grains each, orally. After the apomorphine effects had manifested themselves, we picked him up and put him to bed, where he slept quietly.

At four o'clock I took Dr. Wade around to look at him. He was still sleeping. At five I was sent for again, with the information that he was having convulsions. I then gave him morphine 1-4, and hyoscine, 1-100, hypodermically, chloral hydrate, twenty grains in solution, by mouth, and three drops oleum tiglii on sugar on his tongue. He had two more convulsions, at intervals of ten minutes, after the hypodermic, then seemed to sleep naturally, though perspiring profusely. I could still detect none of the so-called uriniferous odor on his breath or perspiration, however.

At six-thirty he had another convulsion, and I gave him ten grains more of chloral hydrate, and a high enema of two quarts of magnesium sulphate solution. At eight o'clock I gave

one-quarter grain elaterium, as bowels had not moved. He was still occasionally having convulsions, though not so severe. At ten o'clock I gave two drops oleum tiglii on sugar. At eleven-thirty another enema, after which his bowels moved freely. At this time I asked Dr. Glass to see the case, but no further medication was given that night.

He was much improved next morning, being conscious, and able to enunciate much better, though not perfectly yet. On careful tonic treatment for three or four days, he fully recovered, and has had no recurrence since.

Later questions elicited the fact that he had had a sunstroke the year previous. He claimed that his kidneys had been acting well, however, all the time before this attack, but he had had occasional attacks of malaise and headache. However, he had persistently refused to take any treatment for same.

I was at a loss at first to name the complaint, and, of course, cannot be positive now, but for the want of a better name, decided on uremia as being the trouble. As he was illiterate, I could not test the aphasia fully.

Now I feel sure that a part of my first treatment was unnecessary, to say the least, but I would like for some of you with more experience in such cases to give me a few diagnostic points, so that I may be able to more promptly differentiate a similar case in future from cerebral depression or hemorrhage, or auto-intoxication, or whatever it may be, and I should like to have a few points on treatment. A urinalysis would doubtless have helped me, but at first I did not have a catheter with me, and he voided no urine naturally, and later I was more interested in quieting the convulsions and securing elimination than anything else, so I made none. Did I make a mistake in giving the apomorphine, under the circumstances? It unloaded his stomach of quite a mass of undigested food, but did I run the risk of unduly depressing him in giving it?

*A CASE OF URETHRO-SCROTAL FISTULA WITH EXTRAVASATION OF URINE.

G. FRANK CARROLL M.D.,

BILOXI.

B. C., negro, male, aged thirty years, had gonorrhoea nine years ago, followed by stricture in deep urethra. Suffered considerably from same, was treated but did not follow treatment to cure. Has suffered from difficult micturition more or less since that time. Claims that he has always had more or less

* Read before the Harrison County Medical Society.

trouble in urinating, the act being attended with considerable straining.

Two months ago, while working at a saw mill, he noted a slight swelling at junction of scrotum and penis, on left side. This swelling gave considerable pain on attempting to void urine. He thought swelling was due to a strain he had received while doing heavy lifting.

On November 23rd. called in physician on account of extremely painful and swollen testicle.

Examination revealed tense, painful and very swollen scrotum, left testicle very much enlarged, right apparently normal in size. Case was thought to be one of simple orchitis, and was so treated with no apparent benefit, swelling increasing steadily and pain continuing. As scrotum gave evidences of containing fluid, a needle was inserted and scrotum aspirated and a small amount of sero-sanguinous fluid obtained. This fluid had a strong urinary odor, and I then suspected the existence of a urinary fistula. Upon patient's attempting to void urine, a small swelling was noticed just below the junction of penis and scrotum, which was slightly painful, irreducible and gave no fluctuation or impulse of coughing. Patient stated that this 'knot had been coming and going for several months, and would disappear on voiding his urine.'

On the following day it was noted that there was a marked discoloration of scrotum over left side of sack which extended to and slightly beyond the central raphe. Upon closer examination it was decided that this was a gangrenous area with a clearly defined line of demarcation. Moist bichloride dressings were applied. Patient complained of inability to void urine, and on attempting to pass soft rubber catheter, I met with an obstruction. Hot applications over bladder were applied with satisfactory results. Later upon introducing bougie found stricture in posterior urethra and enlarged prostate.

At this time the gangrenous area began to separate and urine was noticed coming from the upper margin of separating tissue during the act of micturition. After dilatation of stricture patient had no further trouble in voiding, and urine stopped coming through the scrotal opening of the fistula. The gangrenous area separated, coming away *en mass,* leaving the entire left testicle exposed. Under bichloride irrigations and applications of aristol the tissues immediately cleared up. After disappearance of all inflammatory symptoms, dressings were changed to bland, soothing applications under which healthy granulations immediately appeared.

Skin grafting and transplantations to cover denuded area were here considered, but after the rapid growth of granula-

tions I decided to wait and see what nature would do towards re-covering this large area. In a short time the skin margins began contracting, new skin growing out from edges, and patient is now about well, there being only a small spot about the size of a five cent piece yet to be covered.

No urine has come through fistulous tract since dilatation of stricture.

This case was one of urethro-fistula, with extravasation of urine into scrotum, following gonorrhoea, and goes to show one of the many complications and sequelae that may follow the ordinary stricture.

Many of you have seen similar cases of this condition, but I report this case because of its unusual occurrence, and besides I find no record of a case with such an extensive destruction of tissue.

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*UNCINARIASIS.

T. K. MAGEE M.D.,

HAMBURG.

In selecting this subject I am not unmindful of the fact that there is very little medical literature on the subject, though it has been quite freely discussed in the various newspapers of the south, to some of which I am indebted for what ideas I have with reference to the trouble. It is said to be a disease more of warm and damp climates than of more northerly ones, and that it is produced by the larvae entering the skin, usually the sole of the foot, producing as its first symptom what is commonly known as ground itch, and by a circuitous route through the blood vessels the embryo worm finally reaches the intestines where he, or she as the case may be, proceeds to make himself comfortable and starts out on his errand of death and destruction of the human race. That such a parasite could work the destruction that is accredited to it seems almost impossible, but I have seen it suggested that it annually claims more victims than tuberculosis, or typhoid fever, that it is more close at hand than the tariff, and more threatening than the negro question, even though Vardaman don't think so, and in its destruction to human life has that much talked of bug, the boll-weevil, "skinned a city block".

About the best description that I have seen of this miniature creature is that it is a little crawling thing, about the size of a silk thread and not half long enough to go around

* Read before the Jefferson County Medical Society.

your little finger. Under the eye of the microscope it immediately jumps into a wriggling, graceful, eel-like creature, squirming with energy and vigor out of all proportion to its diminutive size. I know of no disease that, when you have once seen a typical case, is more easy of recognition or more amenable to treatment, though I must confess that the first case that I saw I treated for one solid year for chronic anemia without giving my patient any relief at all.

The disease has existed for an unknown length of time in several parts of the old world, but its existence in America was discovered not a great many years ago and, if reports be true, since that time it has set the pace for all other troubles, and now it is "up to us" to do the stunt of extermination. Rural people and the poorer classes are more frequently affected than those living in cities and towns. This is explained by sanitation of the cities and the fact that people throughout the country make a habit of going barefooted for a great part of the year thus allowing the larvae to enter the foot from polluted ground. During my limited experience with the disease I have not found a single negro affected with it, which would not tend to verify the facts just stated.

Uncinariasis in the young is said to effect the general development. The mental condition is marked by stupidity, with slowness of thought and hypochondria; neurasthenia is almost always present and melancholia frequently so. The skin has a dull, slightly yellow, swarthy appearance very much resembling the ordinary dirt or "clay eater" which we have all seen, and the strong probability is that we were then treating a patient suffering with this disease rather than one eating dirt. They all have a peculiar, dull, blank, fish-like stare from the eyes, very closely resembling that seen in extreme cases of alcoholic intoxication. The tongue is pale, soft, flabby and tooth-indented, resembling the so-called quinine tongue. These I believe to be the most important symptoms, though there are many more. I rely chiefly on the profound anemia and the microscope for diagnosis, the latter being the only positive means. A small portion of the feces is placed on the slide and thinly and evenly spread, a cover glass is then dropped on and the specimen is ready for examination. The appearance of the eggs I am unable to describe but it may be found in "Practical Medical Series", Volume on Pathology of 1903, Page 99.

Prognosis is good, especially if treated early.

Treatment consists in the expulsion of the parasite and the rebuilding of the blood and the treatment of any complications that may arise. In my cases I have had no complications to treat.

For the expulsion of the parasite, thymol is admitted to be the drug above all others to use, and always in the form of a powder given in capsules of ten or fifteen grains each, repeated every two hours until three such capsules have been taken. Give a large dose of Epsom salts on arising in the morning, beginning with thymol two hours afterwards and repeat the salts two hours after the last dose. This insures a copious evacuation of the bowels. Allow no oils, fats or alcoholic drinks during this treatment, as they are all solvents of the drug and it is said that almost all fatalities from this drug have been on this account. Repeat this treatment every two weeks until you fail to find any of the parasites in the feces. Then put your patient on some good iron tonic and see him grow and fatten.

My first case was treated in this way and at the end of a month he was so wonderfully transformed that the next time I saw him I could hardly realize that he was the same anemic, sallow, pale-faced boy that I had worked so diligently for a year to cure of chronic anemia, having given him enough iron in its various forms to make a small-sized war vessel, and one drachm of thymol did it.

Mississippi State Medical Association.

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The success of the University Medical School in Vicksburg has a far more important bearing on the future of medical education in the South than one not conversant with recent changes in medical instruction can appreciate.

In the old days when two courses of five months each with advanced standing on every pretext enabled one to acquire a diploma to practice medicine, when half a thousand or more students, more or less illiterate, listened to flights of oratory and fanciful if not weird ideas of pathology, and saw operations in the "bull pen" from the top row of seats in the amphitheater, the dividends of the stockholders of the medical schools were the sole measure of success.

Slowly, but surely, as the grinding of the mills of the gods, the inroads of the scientific branches, the establishment of chemical, biological, physiological, pharmacological, histological, bacteriological and various clinical laboratories, the increased requirements of state board, and later the Council on Medical Education, reduced the dividends of the independent schools. Munificent endowments for equipment and chairs placed the great universities so far in advance of the commercial schools that the comparison became, without being facetious, "odorous".

The very nature of the new system which has crowded lecture room teaching almost out of existence demands individual guidance, it demands the services and time of specially trained men, men trained in work for which there is no market other than college laboratories; it requires a corps of teachers approaching in numbers the class to be taught.

Under this system the profits would become deficits in the independent schools and the illiterate would not be able to keep pace with degree men in the new order of school work. It may indeed be put down as axiomatic that the independent school which now pays dividends is so hopelessly below the standard as to be indeed odorous. The independent school which makes

a profit or even operates without serious loss is not doing its full duty by the students according to the present standards. This being the case, what can be the raison d'etre of its existence? The student, like everybody else, follows lines of least resistance, and the inevitable result is the unqualified practitioner, entrusted with the life and health of the citizens of the commonwealth, so long as the doors of such schools remain open.

The only solution of the problem is for the state through its university to bring back medical instruction where it belongs, on an equal footing with the arts, law and other departments. It becomes the duty of the state to equip and finance its medical branch so that it can maintain the standards demanded in the best centers of learning. The financial loss to the university must be made good by the legislature. It must be understood that a self-sustaining medical school is a thing of the past. The return for the expenditure will be in better qualified doctors to look after the health of the individual and the commonwealth. Of all the professions, medicine is the most altruistic. It is not an avocation, it is a vocation, and its devotees must be prepared to make the sacrifice demanded of them. This can only come through ideals developed and fostered by a state university. Some return can be expected in keeping the money that students spend away from home within the state. Millions are carried out of the state in tuition fees and maintenance. Not only this, the personal equation and not the social standing should count in the making of a doctor of medicine. This checkmates the cry of the commercial schools who tell you they are championing the cause of the poor boy who wants a medical education. The poor boy who wants to be a physician should have an even chance with the poor boy who wants to practice law, and get the best the state affords.

Mississippi cannot expect its university to prosper unless her legislature takes care of its medical school and endows it with funds to make it as good as the best. We have the hospital and the patients, the state pays for their maintenance, and it should get educational returns on the investment. The moral, material and financial welfare of a people depends more upon the health and education of constituent families than upon any or all other factors. If the state wants educated physicians and wants to lower the cost of their education, it must maintain a well-equipped and well-officered medical school. The University of Nebraska is building a medical school whose palatial buildings will cover four acres of ground. What will Mississippi do? A great work is not a matter of individuals but of methods. The University of Mississippi needs a good medical

school and good teachers. Neither can be had for the mere asking. WM. KRAUSS.

The following letter, which has been sent out to the various county health officers by Dr. S. H. McLean, secretary of the State Board of Health, should be considered and acted on by every physician in the state who is looking towards the betterment of health affairs. It is self-explanatory and no comment is needed.

JACKSON, MISS., Jan. 14th. 1910.

Dear Doctor:

At a meeting of the Legislative Committee of the State Medical Association in conjunction with the Legislative Committee of the State Board of Health it was decided to have each Health Officer in the State co-operate with the committee to secure the needed medical legislation.

With this end in view, you will please communicate with your senator and representatives, asking their support of our measures. If you feel a delicacy in approaching them, or for any reason could not do so yourself, get in communication with some one who has influence with them, and push the matter at once.

There are five bills in which we are interested:

1st. Bill on Vital Statistics.

2nd. Changing the Medical Practice Act so that only graduates can apply for license.

3rd. Fixing the salary of County Health Officers.

4th. (But not least) a larger appropriation for the State Board of Health.

5th. We oppose the Optometry Bill.

Please give this matter your immediate attention.

Yours very truly,

S. H. MCLEAN,
Secretary.

This letter covers well the ground the State Association is working except as regards the licensing of midwives. The histories we hear of gynecological operations due to improper handling during labor, the numbers of still-births, which are generally unreported, and the necessity for the support of a home for blind children by the state, all show the need of more intelligent care in labor. It has been pretty strongly intimated that this matter is an unpopular one, but it is only so because our legislators do not know the necessity for it. If a few physicians who have, each, the ear of a legislator will tell him the simple truth regarding the dangers of infection and neglect, and

of lack of prophylaxis in the matter of the children's eyes, this amendment will go through the legislature "like the grace of God through a camp-meeting".

Association Presidents.

J. M. BUCHANAN, Meridian.

President 1901-2.

James McQueen Buchanan was born at Buena Vista, Chickasaw County, Miss., Oct. 5th. 1855. His parents were of Scotch descent and in the thirties had moved from North Carolina to Mississippi, where the father, T. J. Buchanan, was a successful planter. Dr. Buchanan was raised on the farm and attended the county schools in his early youth. He took his B. S. degree from the University of Mississippi in June 1878 and graduated from the Medical Department of the University of Virginia in July 1879 and from the Medical Department of the University of the City of New York in February 1880. Following this he spent a year in Vienna and three months in the London Hospital doing post-graduate work. He first practiced in Little Rock, Ark., but in the fall of 1884 returned to Mississippi and settled in Meridian. After three years he accepted the position of assistant physician to the East Mississippi Insane Hospital, serving two years under Dr. C. A. Rice, and in March 1890 was appointed Superintendent of the Hospital by Governor Stone. This position he has held constantly since, limiting his energies to this class of work. He was married to Mrs. Leta Mitchell Young, March 12th. 1902, and has one living child.

Dr. Buchanan is a member of his county and state medical societies, the Southern Association, the A. M. A. and the American Medico-Psychological Association.

Personal Notes, 1907.

H. L. SUTHERLAND, Rosedale.

President 1902-3.

Hugh Lewis Sutherland was born April 27th. 1848 near Canton, Miss. He is of Scotch descent, his grandfather having emigrated from the north of Scotland to Georgia about the close of the revolutionary war. Dr. Sutherland took his A. B. degree from University of Mississippi in 1870 and his medical from Tulane in 1873. Since the latter date he has practiced in Bol-

ivar County, in and around Rosedale, except five years, from 1878 to 1883, when he lived in Madison County. In January 1878 he married Miss Ethel Cosby Burns and at this time, 1909, has five living children.

Dr. Sutherland has been one of the most earnest advocates of medical organization and is heartily interested in medical gatherings. Besides his county, state and national affiliations, he is a member of the Tri-State (Miss., Ark., Tenn.) Medical Society, of which he was president in 1904-5. Besides his service as president, Dr. Sutherland has given much to the State Association, being a member of the executive committee in 1899 and 1901 and of the council in 1905, and for the past two years has been treasurer of the Association. He had the misfortune to lose a leg in Feb. 1889 but has continued to do a large country practice on crutches and is one of the best known men of his county. His pen is as ready as his good nature, which is perpetually effervescent, and as he is a recognized authority on conditions peculiar to the Mississippi Delta, his contributions to medical literature are widely read and eagerly received. Few practitioners are so well known beyond the borders of their own bailiwick as is this child-hearted gentleman of genial manner and wide information. *Dr. E. F. Howard.*

Society Proceedings.

Clay-Octibbeha County Medical Society held its fourth quarterly meeting in the parlors of the Hotel Holt, West Point, Dec. 30th. 1909. The president, Dr. A. L. Nason, being absent, Dr. W. D. Hubbard presided. The following were present: Eckford, Brown, Unger, Hubbard, Paslay, D. G. Ivey, Deans, Boyd and Crumpton. The essayist of the evening, Dr. J. W. Unger, read an interesting paper on suggestive therapeutics, which was discussed by Drs. Brown, Ivey, Eckford, Crumpton and Hubbard. Dr. Frank C. Spalding of Crawford was received as a member by transfer from the Lowndes society. Drs. Paslay, Crumpton and Montgomery were appointed to draft resolutions in regard to the death of Drs. C. W. Jordan and J. B. Gresham of West Point. The society endorsed the movement to limit applicants for license to practice medicine in this state to graduates, and also approves of reciprocation with other states having the same requirements. The following were elected officers for 1910: W. D. Hubbard, West Point, pres.; J. W. Crumpton, Starkville, vice-pres.; F. C. Spalding, Crawford, secy.-treas. After an ele-

gant banquet at which the Rev. Dr. Barton was the guest of honor, the society adjourned to meet in Starkville March 24th. 1910. F. C. Spalding.

East Mississippi Four County Medical Society met in regular session at the Elks Home, Aberdeen, Jan. 11th. at 2 P. M., President Boyd in the chair. Those present were: Bryan, Walker, Coleman, Boyd, Tubb, Sims, Furr, Guinn, Dilworth, Rogers, Brand, Durley, Sadler, Hamilton, Darracott and Underwood. Dr. Bryan presented a paper on "The Indications And Contradictions For Curettage", which was discussed by Drs. Coleman, Durley and Sadler; Dr. Durley one on "The Diagnosis Of Pelvic Inflammation", which was discussed by Drs. Guinn, Rogers, Sadler and Coleman. The society extended a hearty vote of thanks to the essayists. Next meeting will be held at the offices of Drs. Bryan and Burdine, Amory, Feb. 8th., at 1:30 P. M. F. J. Underwood.

Harrison County Medical Society met in regular session at Gulfport, Dr. Lebaron, president, in the chair. Those present were Drs. Lebaron, West, Morris, Richardson, Anderson, Sheely, Folkes, Carroll, Fahnestock, Welch, Carraway, Hood, Parker, Doty, Barnes and Overstreet. The reading of minutes of previous meeting was dispensed with and the president suggested that as several members known to be in town had not yet come in, the society should proceed with the transaction of regular business and defer the election of officers until the other members had arrived. The secretary read a communication from Mr. H. L. Harris of New York, relative to the use of food preservatives, in which was pointed out the necessity of using preservatives such as benzoate of soda and others and asking that this association endorse the use of such preservatives, contrary to the views advanced by Dr. Wiley, who was endorsed by the Philadelphia Medical Society, American Medical Association, Mississippi Valley Association and others. This matter was put to a vote and it was ordered that the secretary be instructed to write Mr. Harris that this society heartily endorses the stand taken by Mr. Wiley and the above mentioned medical societies. The application of Dr. W. H. Doty of Biloxi having been endorsed by the Board of Censors, Dr. Doty was declared duly elected to membrship in this society. The yearly report of the secretary and treasurer was read and filed. The election of officers for 1910 followed, the following being elected: President, Dr. H. H. West, Gulfport; Vice-President, Dr. H. X.

Richardson, Gulfport; Secretary-Treasurer, Dr. G. F. Carroll, Biloxi; Delegate to State Association, Dr. H. M. Folkes, Biloxi; Alternate, Dr. E. C. Parker, Gulfport. Dr. C. A. Sheeley was re-elected to the Board of Censors. The report of the treasurer showing a deficit, it was moved that each member be assessed one dollar in addition to his yearly dues and be requested to pay same as soon as possible to enable the society to pay all outstanding indebtedness. The motion was carried. Dr. Folkes of Biloxi presented a very interesting paper on "Hemorrhage from the nipple", which was freely discussed by all present, several citing cases of a similar nature. The paper by Dr. Carroll, of Biloxi, on "Urethro-scrotal fistula with extravasation of urine followed by gangrene"* was read a
similar cases being reported but none
of tissue.

Holmes County Medical Socie
ington Jan. 1 nd 12th. with an
cial fe ers of Dr

Forrest: E. Dill, Hattiesburg, pres.; F. Champenois, Hattiesburg, secy.

Harrison: H. H. West, Gulfport, pres.; G. F. Carroll, Biloxi, secy.

Holmes: W. S. Derrick, Goodman, pres.; S. A. Eggleston, Lexington, secy.

Jackson: J. A. Tabor, Scranton, pres.; J. N. Rape, Moss Point, secy.

Prentiss: R. C. Cunningham, Booneville, pres.; D. T. Price, Booneville, secy.

Tishomingo: K. F. McRae, Belmont, pres.; H. D. Waldrep, [illegible] secy.

[illegible]V. Stone, Greenville, pres.; B. T. Oren-

GES OF ADDRESS.

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*SOME REMARKS UPON PELLAGRA WITH REPORT OF CASES.

A. W. RHYNE M.D.,

BEULAH.

This paper is read with the purpose of agitating the study of one of the most veritable scourges we have had to encounter for years past.

When we get the history of pellagra, and find that it has been a prevalent and recognized disease in some countries for more than a century and a half, and see how little has been accomplished towards the treatment of same, we can readily see and must acknowledge that we are up against it.

By good authority we learn that two per cent. of the rural population of Spain are pellagrins, that as much as thirty to fifty per cent. of some of the districts of Italy are affected and that Roumania in 1906, a country of only about six million inhabitants, had thirty thousand cases of pellagra.

If these countries, which can produce some as good students as we have to-day, have spent millions of dollars in trying to eradicate this disease and have accomplished but little in a palliative way, what can we expect to do with such a pestilence?

As to the etiology of the disease, I would not venture an opinion, but I believe the prevailing opinion of most students to-day is that it is caused from a chemical poison formed in immature or spoiled maize.

Heat, sun and season, seem to stand foremost as predisposing causes. Any condition that would tend to lower the power of resistance would be a predisposing cause. Although a pellagrin cannot tolerate mercury, even to the slightest extent, and I have never seen it given as a predisposing cause, I must say that I think syphilis is a great predisposing factor, mainly on this ground: the class of patients among which we find the disease.

I believe the disease is very infectious but not contagious, for I have had but one case in any family.

As to the pathology, I know nothing from original study

* Read before the Clarksdale and Six Counties Medical Society.

and as for the pathological condition of the brain producing insanity, the chronicity of the disease with the thought of next spring's recurrence would have been trying on Job in his day and landed him finally in the asylum, if such existed, therefore I believe this has much to do with the number of insane pellagrins.

I have never seen a case in the prodromal stage to recognize it, but all my cases were fully developed, and after recognizing one all others were easily diagnosed. Of course the diagnosis was made from the nervous and digestive symptoms and the symmetrical erythema, and I think can easily be differentiated from any eruptive disease.

The prognosis has been quite grave in my limited experience, for four of the seven cases I have treated have passed into a state where the thought of next spring's recurrence will not worry them.

The treatment with me has been very unsatisfactory. Of course it has been mostly symptomatic and palliative. I will say for what it is worth that the only perceptibly good results I have gotten were from Fowler's solution and Iodalbin.

I am sorry that I was not properly equipped to get photos of my cases, but will try to picture them to you by reporting my observations of symptoms both subjective and objective, but before reporting these cases I wish to say you are not getting the report of pellagrins from my diagnosis alone, but nearly all my cases were seen and my diagnoses verified by such men as Drs. Sutherland, Johnson and Patterson of Rosedale, Williams and Martin of Benoit, Stone and Smythe of Greenville and Coursen of my own town.

The following are as briefly as possible the cases which have come under my observation:

Case I. June 8th, 1909, M. T., married, female, colored, age sixteen, mother of a seven months' baby, family history good for her class, came to my office suffering from indigestion and diarrhoea, which had prevailed for two or more weeks, having from ten to fifteen evacuations of the bowels, consisting of bloody mucus, every twenty-four hours.

She had been taking Mississippi diarrhoea cordial, salts and laudanum, and everything else suggested by the neighbors, with no beneficial results.

I put her on a palliative treatment and four days later saw her with but little change in diarrhoea, and in addition thereto burning cramps in the epigastric region, stomatitis, temperature 99⅗° F., pulse 130 and very weak, some vertigo and in a drowsy, don't-care disposition. Complained of her hands burning and itching and on examination I found the

dorsal portion darker than it should have been. I never saw or heard from her again until the 12th. of July, when I found all previous symptoms much worse and a loss of probably forty pounds in weight. Her hands had an elevated black crust on the dorsal surface extending to the junction of the middle and lower third of forearms, with cracks and crevices on and between the fingers, pouring out a bloody, watery discharge. I put her on various treatments but to no avail. Saw her again on Aug. 14th. in a hysterical, nervous, weak, emaciated condition, with erythema on both feet and either side of the nose. She was then on her way to Coahoma to her people, where she died four days later. I got her previous history from her husband later, who said she had a similar attack last year, but not so severe, and only noticed the black streak, or crust as he explained it, around her neck. From the early part of April this year she was drowsy and sleepy all the time, would go to sleep standing or sitting, and often when walking across the room would stagger to some place for support on account of severe vertigo, was hysterical and would send to the field for him saying she was going to die. Her child is still living and in a healthy condition. She was nursing the child when she first came to me.

Case II. A. W., colored, female, married, age fifty. On July 6th. 1909 I was called to see her. Knowing the old woman in her normal condition only, she presented a pitiful sight when I walked into her room. I found her with a terrible erythema on dorsal surface of the hands, extending to the middle of the forearms, with weeping crevices between fingers, erythema also on both feet extending above the ankles, and an erythematous collar around the neck almost meeting in the median line. She had one of the worst cases of stomatitis I have even seen. Excretion pouring out of her mouth would soon saturate a towel. Very profuse diarrhoea of a bloody, mucus consistency. Hot, burning cramps in the stomach. Pulse 140. Temperature 99° F. Hysterical and very restless. She had enjoyed good health this year up to the first of May, when she began to suffer with indigestion and diarrhoea, some nausea and vomiting. Erythema showed up about the first of June and immediately the stomach and bowel symptoms became more pronounced. She had treated herself with various patents, etc., until her husband called me in. Previous history shows that she had had no serious sickness until nine years ago when she had all the above signs and symptoms to appear. Her physician had treated her each year since for the same trouble under the diagnosis of poison oak and flux. In April 1900 she had her first attack with symptoms similar to those related

except not so severe, and erythema never appeared on the neck and feet until this year. It came on later than usual this year, but was worse in every way from the very first. I gave her as high as seven grains of powdered opium the first thirty-six hours before controlling the diarrhoea; in fact all symptoms were almost uncontrollable from the time I saw her and she died fourteen days later.

Case III. J. W., male, Italian, single, age thirty-four, occupation farming. Left Italy in 1895 and came to Sunnyside, Ark. He has lived in Sunnyside ten years and four years in Arnold, Miss., since coming to this country. Has been a mild drinker of whiskey since coming to this country and a wine drinker in the old country. Has had several acute malarial attacks since coming over here. Eight years ago he had five or six chanchroids to appear on the mucus lining of prepuce with some inguinal glandular involvement. In the spring of 1890, to his best recollection, he suffered with indigestion and diarrhoea with considerable pains in stomach. This occurred each spring and with it in 1893 a sun-burned appearance on back of hands, which would peel off in the fall to appear again next spring. This erythema, with indigestion and diarrhoea, has appeared every spring since, lasting till cool October or November. He came to me on July 25th, of last year with the symmetrical erythema on both hands, severe case of stomatitis and pharyngitis, diarrhoea, indigestion, pains frequently occurring in the epigastric region and a complete nervous wreck; could not collect his thoughts or speak distinctly, very hard to express what he wanted to say. If he allowed his hands to hang down, walking for two or three hours, they would become very edematous. This year the erythema also appeared on neck and nose, symmetrical on either side. I put him on a palliative treatment for diarrhoea and gave him the arsenic and Iodalbin. Came back to me on August 16th, with most symptoms improved and told me he wanted to go to Hot Springs, which I advised him was a very good idea. He stayed in Hot Springs until the first of October, returning with all erythema gone and the nervous and other symptoms much improved.

Case IV. S. R., female, colored, married, age twenty-eight. Came to me August 7th, with pains in stomach, diarrhoea, loss of appetite, some nausea and vomiting, hysterical, vertigo and a severe pharyngitis. These symptoms had troubled her for nearly a month. On inspection I found a symmetrical crusty or scaly erythema on both feet, with blebs on legs extending to about the junction of upper and middle third, with considerable edema extending to the same height as blebs. I first made diagnosis of syphilis and put her on syphilitic treatment. In

six days I saw her again with the worst case of ptyalism I have ever had to treat, also all the above symptoms were worse. After relieving the ptyalism I put her on Fowler's solution and Iodalbin with favorable results following pretty soon. I kept her on this treatment until the first of October and now she is as well apparently as she ever was. This was her first attack and I will get to see her again next spring if the disease recurs.

Case V. K. C., female, married, colored, age thirty-nine. This woman was in my office on May 27th. 1909, and while waiting for a patient under treatment she made some casual remark about her hands burning and itching. Some few days later she sent to me for some kind of treatment for her hands, stating they were getting black and burning her. I was sent to see her on August 8th. and found a perfect physical wreck. I learned she had been in bed for nearly two months. She had lost at least sixty pounds in weight, was suffering with a profuse diarrhoea, cramps in the epigastric region, very hysterical and despondent, pulse 130, temperature 100⅕° F., also had a mild stomatitis. On inspection I found a crusty erythema around neck extending to clavicle, also on either side of nose, and a symmetrical spot under each eye and on dorsal surface of hands, extending up her arms to elbow, with a spot as large as a dollar on posterior surface of arms above the elbow, also on both feet and either side of vulva. This patient was seen by Drs. Stone and Smythe of Greenville and Sutherland of Rosedale with me. They did not think she could live but a few days longer, but she did live for a month, with some clearing up of the erythema. Diarrhoea was relieved and appetite regained but nothing she ate was assimilated. Before dying she had complete atrophy of the vulva. This woman said she had an attack, though not so severe as this one, in 1907. Also suffered with diarrhoea and indigestion through the summer of 1908, but did not have the erythema.

Case VI. M. J., female, colored, married, age fifty-three. This woman came to my office on September 19th., after having been treated by her family physician since spring for bowel and stomach trouble. She was suffering with vertigo, was sleepy and drowsy, had stomatitis and pharyngitis, indigestion, loss of appetite, nausea and some vomiting, pulse 100, temperature normal, urine normal. On inspection I found an angry, black erythema on both feet, hands and around neck, with a symmetrical spot over each breast. Erythema was much better than a month previous, she claimed. Instead of having diarrhoea she was constipated. She claimed to have suffered this way every spring and summer since 1904. Has lived near Lobdell for nearly twenty years. I put her on Fowler's solution

and Iodalbin, with sodium phosphate as laxative and in a few days she began to improve. Have seen her several times since. The erythema has disappeared, except the skin is slick and darker where the erythema existed. She has promised to come to me next spring as soon as the first sign or symptom appears.

Case VII. L. J., married, colored, female, age thirty-six. I was called to see her in April and found her suffering with severe stomatitis, with excruciating pain in epigastric region and over the gall bladder. Had to give her a hypodermic of morphine to quiet pain and hysteria before continuing my examination. I had seen this woman the year before, suffering in the same way and made a diagnosis of cholecystitis, so put her on treatment accordingly and got good results. After completing my examination I made a similar diagnosis this time and put her on the same treatment. I treated her nearly a month from the office but never saw her, when she discontinued my treatment and went back to the woods to an old negro herb-doctor, staying under his treatment until September 1st., returning home in bad shape. On September 20th. I was called in again and found a most pitiful physical sight. She was emaciated, had stomatitis, pharyngitis, diarrhoea, indigestion, nausea, vomiting, burning cramps in the bowels and a rough erythema on both feet and hands, around the neck and behind each ear. There were weeping crevices between fingers and toes. The disease would not respond to any treatment, so I sent her to Vicksburg to the Charity Hospital in October. They sent her back to me one month later with no improvement. I was trying to keep her alive to present to you to-night, but she died November 23rd.

I am sorry indeed that I could not present one of these cases to you at this meeting, but the three cases living yet are in good shape apparently and would not be of any interest. You have noted from my reports that six of my cases were negro women, all native Mississippians, and one male Italian, having been in this country fourteen years. All of them were chronic cases except one, ranging from two to seventeen years standing.

Henry Phipps, founder of the Phipps Institute in Philadelphia, has presented to the University of Pennsylvania $500,000 to be used in the campaign against tuberculosis. The management of the Phipps Institute will fall upon the university trustees, and the study, treatment and prevention of the disease will be continued in a new hospital to be erected.

*NASO-PHARYNGEAL DISEASES.

HENRY FLOWERS M.D.,

BROOKHAVEN.

The subject of naso-pharyngeal diseases is one about which quite a large number of large books have been written. The very mention of the names and pathological conditions of the nose and throat, with their definition, would make a paper too long to be read before this society. Obviously then, a paper on this broad subject, the reading of which is to be confined to a time limit of fifteen or twenty minutes, will necessitate a very general statement.

The advancement of our knowledge of the diseases of the nose and throat and of their proper treatment has kept step with the marvelous progress of medical science along other lines. Until recent times these ailments were perhaps as little understood and therefore their treatment was as unsatisfactory as were those of other parts of the human anatomy. Even at this day we not infrequently find well-informed and intelligent physicians who are openly skeptical as to the real value and utility of treating the most common disorders of the nose and throat. They affect to treat the matter as a joke and appear to think one must possess an easy-going conscience to accept money for treating them. Of course there are some conditions such as long standing atrophic rhinitis whose management is often very unsatisfactory, but even in most of these cases much can usually be done to promote at least the comfort of the patient. But is it not the experience of all physicians in every department of medical practice that they are constantly called upon to treat diseases, even those which are usually regarded as curable, which stubbornly refuse to yield to their pet formulae and loudly-heralded sheet-anchors? My own experience in the treatment of nasal and pharyngeal diseases has not been extensive, but I have spent the greater part of five years in studying them and I am willing to assert that my success here has been as satisfactory as it ever was in general practice. Yes, it is even more so, for the reason that when one limits his practice and devotes his studies to a single subject he acquires a more definite and thorough knowledge of that subject than he can possibly do when he attempts to cover the entire field. Therefore when I am consulted by one who suffers from these ailments I am usually able to state with reasonable probability or certainty what he can expect from treatment.

The most usual symptom which causes patients suffering

*Read before the Tri-County (Pike, Lincoln, Copiah) Medical Society.

from nose and throat diseases to apply for medical treatment is excessive secretion, though they sometimes come complaining of deficient moisture. This secretion is usually of a mucus or muco-purplent nature often troublesome in quantity but perhaps as often it is of indifferent quantity but adherent to the mucous membrane, requiring considerable hawking and coughing to expel it. Patients who come to us with a muco-purulent or simply mucus discharge frequently ask with evident concern if they have catarrh. When answered in the affirmative they almost gasp with despair. The notion is prevalent among the laity, for which the general practitioner is largely responsible, that "catarrh", by which they mean a catarrhal condition of the nose and throat, is incurable. Medical men who entertain this view lose sight of the fact that a muco-purulent discharge from any mucus surface is a catarrh whether it be from the nose or throat or other part of the respiratory passage or from the eye, ear or any part of the alimentary or urinary tract whatsoever. Perhaps every mucus surface is sometimes affected by a catarrhal condition which resists all efforts to restore it to a normal healthy condition. Such a pathological condition of the nose or throat is as amenable to treatment as is the mucus membrane anywhere else, indeed, far more so, since it is more accessable to therapeutic or surgical measures.

Another symptom which frequently forces people to seek medical advice and treatment is an obstruction of the nares so that they can not get sufficient breath through the nose. It is not infrequent that we find them unable to get any air at all through the nostril. There is, of course, every possible variation between slight obstruction and complete. These obstructions may be due to an intumescent condition of the mucous membrane such as when we are in an early stage of a cold, or to a hyperplasia of the middle or lower turbinates, or to a deviated and thickened septum or spurs projecting from the septum into one or both nares.

Another not infrequent cause of obstruction is polypus, but a far more common obstruction, especially in children and youths, is adenoids. This last-named obstacle to nasal breathing is usually associated with large faucial tonsils. All of these named impediments to nasal respiration, the adenoids, polypi, swollen mucous membrane, hypertrophied turbinates, thickened and deflected septum, spurs, etc., give rise to about the same class of symptoms. One of these is a peculiar change in the voice, which may be more or less simulated by holding the nose in speaking. One's power to sing is completely destroyed. Ask one who has a good voice to sing while suffering from an acute cold and you will find his voice is not musical.

Frequent and in many instances almost continual headaches result from inability to breathe through the nose. One who continually breathes through his mouth is often incapable of performing ordinary physical labor. He generally expresses it by saying he is short winded. I operated on two able-bodied men of this class in March of 1908 who came complaining that they had become unable to do the farm work they were accustomed to doing. By removing the middle turbinates in each nostril in one patient and on only one side on the other they both say they never did a harder year's work than they did after the operation and are at present in the best of health and working condition.

I am satisfied that a large majority of the cases in which the accessory sinuses are infected become so on account of either acute or chronic obstruction of the nose. Given a case of acute rhinitis grafted upon a more or less chronic mucopurulent discharge and you have a very favorable condition for infecting these sinuses. People in such cases often attempt to clear the nostrils of an annoying collection of pus by closing one nostril and blowing strongly through the other, thus greatly increasing the atmospheric tension which favors the forcing of infection up into the accessory cavities. Of course, in all cases there must be present some pathogenic organism such as that of diphtheria, scarlet fever, measles and perhaps most often the grip bacillus.

Fetid breath is another symptom which causes some people to come to us for treatment. When this is due to a pathological condition of the nose and throat we usually find dead bone as the causative factor. This may be due to tuberculous or syphilitic ulcerations of the turbinates or septum or to infection of the accessory cavities or to retained secretions due to enlarged lower turbinates and thickened septum. In this latter condition the secretion comes down from above, and since the patient can not blow it out completely, if at all, it collects till it runs back into the pharynx or is drawn back by an effort of the patient and finds exit through the mouth.

Many patients come complaining of frequent sore throat. The exciting cause is usually sitting in a draught, getting feet wet, cold, damp weather, etc. I think this is most apt to occur in people who have diseased tonsils. In many cases one would not suspect the tonsils were diseased at all, but experience shows that such cases often derive immunity from oft-recurrent sore throat when the tonsils are removed. These tonsils usually belong to the so-called submerged variety. They appear to render the throat more sensitive to the exciting causes mentioned above.

Perhaps tonsilitis brings more patients to a nose and throat man than any other disease. Comparatively few persons in a moist climate escape having trouble with their tonsils at some time in life. But a large number of patients who come to us suffering from diseases of the nose and throat, come complaining, not with the nose or throat, but with earache, discharging ears or a loss of hearing. Many of these people are surprised when informed that they have a disease of the nose or throat. They are still further astonished when told that the pathological condition of the nose and throat is responsible for the ear symptoms of which they complain. The fact that almost all middle ear troubles are caused by adenoids, diseased tonsils or some form of nasal obstruction has been thoroughly worked out during recent years and should be fully realized and accepted by every member of the profession. Who of us has not at some time known an anxious mother to be counseled that her child will outgrow a chronic suppurating ear? As a matter of fact they do not outgrow it. It not infrequently happens that the discharge will cease but early loss of hearing will ensue porportionate to the extent and duration of the otitis-media. It is the rule as one advances in adult life that the tonsils and adenoids atrophy and thus by slow process nature accomplishes finally a cure of the discharge which a rational surgery would have effected in a few days or, at most, weeks, preventing any damage to the hearing, which the slow method of nature's surgery fails to do.

Before leaving this part of my subject I desire to make a brief statement about adenoids. One accustomed to treating patients suffering from them can usually make a diagnosis as soon as the patient enters the office, if the growth is large enough to prevent nasal respiration. It is observed that the patient is anemic, is dull and stupid in appearance, does not shut his mouth longer than is necessary to swallow. Ask him to close his mouth and he may do so a moment but will open it when he desires to breathe. In aggravated cases the patient is nervous and irritable in temper, is always in trouble with parent and teachers, has frequent brawls with brothers, sisters and playmates, progresses poorly in his books, and is acknowledged to be a hard case generally. Other nasal obstructions may produce all these effects, polypi perhaps most often after adenoids; therefore, the above-named symptoms, which are usually considered characteristic and almost pathognomonic of adenoid growths, are not really so. Previous to an examination of a patient having these symptoms one expects to find adenoids since they are met so frequently, while other conditions which give rise to them are comparatively rare.

There is an intimate relation between the eye and the nose which ought to be mentioned. Oculists occasionally are called upon to treat cases of blindness in one and sometimes both eyes which are traceable to an infection of some of the accessory sinuses, which infection, as we have stated, is usually due to some form of nasal obstruction. In such cases the blindness is often completely restored when the nose and infected accessory cavities are properly treated.

The treatment of the various pathological conditions mentioned is mainly surgical. Diseased tonsils must be removed. One should not stop short of complete removal. This cannot usually be done without thorough dissection of the gland from the anterior and posterior pillars. Adenoids and polypi should be thoroughly removed.

If the obstruction is due to an intumescent condition of the mucus membranes covering the turbinates, the surgeon can produce sufficient retraction by the use of the actual cautery or by chromic or tri-chlor acetic acid. Before resorting to this method the nose should be swabbed with cotton saturated with four per cent. solution of cocaine, followed by an application of adrenalin chloride. If this causes sufficient shrinking of the tissues to demonstrate that there is no hypertrophy sufficient to interfere with nasal respiration then there is no use to remove any tissue. In such cases the cautery produces a cicatrix which ties the mucous membrane down to the bone. If there is hypertrophy a sufficient amount of the turbinate should be removed to secure ample breathing space but no more.

Spurs must be removed by saw or scissors or knife or snare, whichever is most suitable to the case in point. When the obstruction is caused by thickened or deflected septum the operation most in use now is the sub-mucus removal of the cartilage of the septum. After the cartilage is removed the mucus membranes covering it are brought together and adhere in a few days, maintaining the function of the septum. The treatment of inflammation of any of the accessory cavities of the nose depends on circumstances many of which I can not stop to consider. If the inflammation is an acute one relief is frequently obtained by local application of adrenalin, which by its astringent action on the membrane at the mouth of the duct leading to the cavity secures drainage till resolution of the acute symptoms has taken place. If there is hyperplasia of the tissues at the mouth of the duct sufficient tissue must be removed to secure permanent drainage of the cavity. This is often all that is necessary to be done even in chronic purulent inflammation. When there is necrosis or unhealthy granulations the dead bone must be removed or granulation tissue curetted.

*THE INDISCRIMINATE USE OF DIURETICS.

S. W. GLASS M.D.,

DUBLIN.

Diuretics are used to increase the kidney secretion. They act by stimulating the renal epithelium to greater activity, thereby increasing the excretion of both the watery and solid constituents of the urine, or simply increase the watery constituents by increasing blood-pressure in the kidneys.

We are taught by physiology that we are dependent on four emunctory organs as systemic eliminants: skin, lungs, bowels and kidneys. To my mind, of these emunctories, the kidneys are the most frequently neglected and overlooked by members of our profession in the diagnosis and treatment of any disease, in the physical examination of a patient. After the tongue and pulse are examined and temperature noted, next follow the questions: "How are the bowels? When did they last act? What were the color and consistency?" But unless some physical symptoms strongly direct, we are prone to neglect a very important point which reveals much, namely urinary analysis.

It is timely here to mention the fact that the reaction of the urine plays an important part in our examination. Suppose we are treating an aged man with enlarged prostate and cystitis, where the residual urine has undergone an ammoniacal decomposition, would it be rational therapeutics to administer an alkaline diuretic or palliative measures? In such case the urine is already alkaline and such treatment would only be adding fuel to the fire. On the other hand, the administration of such a drug as benzoic or boric acid would give gratifying results.

In cases of acute nephritis the administration of active diuretics, such as turpentine or cantharides, at once appear to us unwise, for here we are confronted with inflamed organs and the same rule applies here as in any other part of the body and rest appeals to us as of paramount importance. This is to be obtained by stimulating the activity of the other emunctory organs.

Of all diuretics mentioned in the materia medica, aside from water, I think we have only one safe and reliable: calomel. This drug seems to promote the general cell activity of the entire organ.

Without deviating or digressing too much, perhaps I may mention the indiscriminate use of diuretics in the treatment of diseased organs other than the urinary apparatus, as for in-

*Read before the Clarksdale and Six Counties Medical Society.

stance when in typhoid fever we administer a turpentine emulsion for its effect on the gastro-intestinal canal, never stopping to consider its effect on the kidneys, which are frequently in no condition to receive such active or drastic stimulation.

In this malarial country a diuretic is not indicated as often as the symptoms suggest, as we always have to contend with a torpid liver that is throwing a part of its work on the kidneys, which means double duty for these organs. In such cases correction of the liver trouble is rational treatment, thereby relieving the trouble supposed to be due to defective kidney action.

Mississippi State Medical Association.

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STANDING COMMITTEES.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION.—P. W. Rowland, Oxford; L. C. Feemster, Nettleton; N. Stewart, Jackson; D. W. Jones, Brookhaven; E. F. Howard, Vicksburg.

Prevention And Control Of Tuberculosis.

To the Secretary of each State and County Society and Other Interested Members:

At the last meeting of the American Medical Association at Atlantic City the following report of Committee on Miscellaneous Business was adopted: "The Committee recommends that the President of this Association appoint a committee of five members to inquire into the desirability and practicability of the establishing under the auspices of the American Medical Association a fund for the assistance of physicians disabled by sickness, and for a sanatorium for the treatment of such members of the Association as may be afflicted with tuberculosis or similar diseases; such committee to report to the House of Delegates at the next annual meeting of the Association."

As a basis for wise action the Committee urges that the officers of the State and County Medical Societies, and others interested in the subject, should at the earliest possible date, forward to the Secretary of the Committee, Dr. A. C. Magruder, Colorado Springs, Colorado, answers to illustrate the need for provision for disabled members of our profession.

1. Is there any provision by your State Medical Society, or local society for the care of destitute and disabled physicians and those dependent upon them? If so, how is such care provided?

2. What number of instances of special need for such assistance (or sanatorium treatment) have arisen in your locality within the last five years, and what number of your members need such assistance now?

3. About how many members of your County Medical Society are at present afflicted with tuberculosis or similar diseases, or have within the last five years died, or withdrawn from professional work on account of such diseases?

It is earnestly requested that this matter be brought before each County and State Society at its next regular meeting, and that the desired information be furnished our Committee at the earliest possible date.

Fraternally yours,

Edward Jackson, Denver Colorado.
Jefferson R. Keen, Washington, D. C.
A. T. Bristow, Brooklyn, N. Y.
H. B. Ellis, Los Angeles, California.
A. C. Magruder, Secy., 305 N. Tejon St.,
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MISSISSIPPI MEDICAL MONTHLY.

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OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

The committee on public policy and legislation has not had entirely smooth sailing to date. As a result of two conferences at Jackson to formulate plans and prepare propaganda, the committee had introduced bills bearing on all the matters advocated by the Association, a provision for vital statistics and an increase in requirements for license to practice. On the 17th. of February three members of the committee braved a cold wave and a storm of rain and sleet and went before the committee of the House where Chairman Rowland and President Jones argued so forcibly the reasons for requiring diplomas of applicants for license that a favorable report was made and the members of the committee returned to their homes happy, only to learn two days later that the committee of the Senate had decided adversely on the measure. Of course the matter will not be allowed to rest here but in the face of such opposition we cannot hope to win unless all get in line behind the measure.

The bill, in brief, requires that applicants for license shall be graduates of some school that teaches four years in medicine and whose requirements are those of the Association of American Medical Colleges. These requirements are simply a high school education.

In this day of graded medical education, when the first and second course students rarely see a patient, the necessity for the first provision, a diploma, would seem so evident that none could overlook it, and the second—relating to the standard of the school—was added because without it Mississippi will become the dumping ground for the graduates and undergraduates of those schools whose diplomas are not recognized elsewhere.

The points seem clear enough but the legislators don't appear able to get at them and unless we interpret quickly it may be another two years before we wipe off this blot from the fair fame of our state.

Society Proceedings.

Harrison County Medical Society met Feb. 8th. 1910. Dr. H. H. West, president of the society, being absent, Dr. H. X. Richardson, vice-president, called the meeting to order. Those present were Drs. Hopper, Hood, Welch, Mohler, Carroll, Richardson and Sheely. Dr. Hood of Bond presented a very interesting paper on "Fibrinous Pneumonia In An Infant". This paper was freely discussed, especially the probable cause of the sudden death seven days after the child had apparently recovered from the disease. Consensus of opinion tended to show that death was very probably due to acute dilatation of the heart. Similar cases of sudden death were mentioned and various causes shown. Dr. Sheely gave in detail his treatment of pneumonia in children and called especial attention to the importance of recognizing the different stages of this disease, as different treatment was indicated in each stage. He does not believe in the indiscriminate use of expectorants as advocated by many. The report of the Board of Censors on the case of the Jackson County Medical Society vs. Drs. McEachern and Rehfeldt was read. This report recommended the acceptance of Drs. Eachern and Rehfeldt, as this committee did not consider the evidence obtainable sufficient to prove the charges made by the society. Report was received. The proposed Constitutional Amendment sent out by the State Association was read. This amendment proposes to change the time for election of officers by the House of Delegates from "the morning of the first day", as heretofore, to "the evening session of the second day". The question was freely discussed and on being put to a vote it was moved that this society would not endorse this proposed change upon the grounds that the election of officers on the evening of the second day would detract greatly from the interest manifested in the remainder of the session. The motion carried. A communication from Dr. H. W. Wiley was read, in which he extended his thanks to this society for its endorsement of his stand in regard to the addition of preservatives in food stuffs. Dr. Caraway, who was to have read a paper at this meeting, being absent, and no other business being before the house, the society adjourned.

G. Frank Carroll.

Tri-County (Pike, Lincoln, Copiah) Medical Society met at Brookhaven at 2 P. M. Tuesday, Feb. 8th., with fourteen members present. The meeting was in the nature of a sym-

posium on pneumonia. The pathology, symptomatology, differential diagnosis and treatment were discussed fully, with Dr. Beacham as leader. Dr. Martin presented the merits of the guaiacol treatment, Dr. Jones the quinine treatment, Dr. Purser the creosotal and Dr. Little the merits of veratrum and digitalis. The general conclusion arrived at was that there is no specific treatment, but that we must treat the patient rather than the disease. Dr. Butler followed as leader in the discussion of empyema. He presented a paper covering all phases of this subject, which was followed by a general discussion. Dr. Johnson reported a case of empyema following pneumonia, where a resection was done and the Beck bismuth treatment of the cavity tried with excellent results. The matter of the proposed amendment to the by-laws of the State Medical Association, relative to the election of officers, being presented, it was voted that our delegates be uninstructed. McComb was elected as the next place of meeting, 2 P. M., April 5th., which meeting will be in the nature of a symposium on diseases of the skin.

D. W. Jones.

In Memoriam.

RESOLUTIONS OF SIMPSON COUNTY MEDICAL SOCIETY.

Whereas, during the past year our Father above has taken from us by death our beloved fellow member and brother Dr. C. R. Norman, and

Whereas, we as individuals and members of Simpson County Medical Association are made to feel and to realize the loss of our fellow member and co-worker who was ever ready to lend his assistance to the fraternity; therefore be it

Resolved, that while our hearts are saddened by the loss of his presence and earnest work, they are comforted with the sublime hope that he has passed into eternal rest.

Resolved, that we hereby express to the relatives of our deceased fellow physician our deep and earnest sympathy for them in their bereavement.

Resolved, that these resolutions be spread upon the minutes of the association and that a copy of them be sent to the family of the deceased.

A. E. Kennedy,
W. M. Biggs,
A. F. Kyger.

Book Reviews.

A TEXT-BOOK ON THE PRACTICE OF GYNECOLOGY. For Practitioners and Students. By W. Easterly Ashton M.D., L.L.D., Professor of Gynecology in the Medico-Chirurgical College of Philadelphia, Fourth edition, thoroughly revised. Octavo of 1099 pages, with 1058 original line drawings. W. B. Saunders Company, Philadelphia. 1909. Cloth, $5.50 net; Half Morocco, $8.00 net.

There are features in this volume which make it especially adapted to the use of the student and practitioner. The arrangement of the book on an anatomic basis permits a discussion of the methods of examination of each organ before describing its diseases, thereby rendering the usual chapter on physical examination unnecessary, which on account of generalization tends to confuse, rather than enlighten, the student. This arrangement permits the methods to be studied in succession and familiarized in a practical manner. The illustrations, of which there are one thousand and fifty-eight, are exceptionally well taken. They are drawn from actual apparatus, living subjects, dissections of the cadaver and the operative technique of authors. Different chapters have been re-written and such new matter has been added which brings this, the fourth edition, up to modern teachings in gynecology. The author has thoroughly covered the subject, giving every detail such minute description that nothing is left to the imagination of the reader. The volume is one in which will be found explicit statements, not descriptions of various methods, hence when consulted one gets the ideas of an author whose experience and teaching cannot be doubted.

SPROLES.

A TEXT-BOOK OF THE PRACTICE OF MEDICINE. By James M. Anders M.D., Ph.D., L.L.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Ninth Revised Edition. Octavo of 1,326 pages, fully illustrated. W. B. Saunders Company, Philadelphia, 1909. Cloth, $5.50 net ; Half Morocco, $7.00 net.

This is the most distinct disappointment that we have encountered in months and the greatest proof that we have ever seen of the statement that Philadelphia is asleep. Naturally a Southerner opening a new book on practice looks to the pages on malaria, and in this book he meets many flaws in that particular section. Perhaps this opinion is due to the fact that the reviewer has but recently had the pleasure of reading Deaderick on malaria and also has the good fortune to know rather well a number of other men who have studied the subject pretty thoroughly, but the fact remains that Anders' ideas of malaria

leave nothing but a bad opinion. Passing to acute parenchymatous nephritis we note, under "treatment", that "the patient should be encouraged to drink freely of water". That *was* taught twelve or fifteen years ago. And so on down the line. The book is excellent as an example of what practice was ten years ago, and will no doubt be received and highly praised by those practitioners who are that far behind the times.

HOWARD.

INTERNATIONAL CLINICS. A Quarterly Of Illustrated Clinical Lectures And Especially Prepared Original Articles. Edited by W. A. Longcope, Philadelphia. Vol. IV, Series 19. J. B. Lippincott Co., Philadelphia. Price $2.00.

The article that will strike everyone most forcibly in this present issue of the well-known quarterly is "Antimeningitis Serum And The Results Of Its Employment" by Flexner. This is the class of work that will make the medicine of the future and put the profession on the therapeutic plane for which we are all striving, and no one's work is received more eagerly than that of Flexner. Deaver contributes an article on "Indications For Surgery Of The Prostate" that is recommended to all. What will strike every reader as a most unusual proposition is the suggestion made by Rectenwald in a paper entitled "Gravity Method Of Removing Adherent Placenta", in which he recommends tying a half-brick to the funis and hanging it over the foot of the bed, as one makes extension in fractures of the leg, to make continuous traction. One wonders if he really means it; if intended as a joke it is ill-placed since someone new to the business might take him seriously.

HOWARD.

EXAMINATION OF THE URINE: A Manual for Students and Practitioners. By G. A. DeSantos Saxe M.D., Instructor in Genito-Urinary Surgery, New York Post-Graduate Medical School and Hospital. Second edition, enlarged and reset. 12 mo. of 448 pages, illustrated. W. B. Saunders Company, Philadelphia. 1909. Cloth, $1.75 net.

Saxe on the urine is a popular and reliable text. The second edition is well up to date. The author uses rare judgment in selecting simple, practical and reliable methods, accurately defining their limitations, and clearly describing them. Many will differ with him as to ability to differentiate epithelial deposits. The spermatozoa in Fig. 74 are drawn too small; the head of a spermatozoon can easily contain two pairs of gonococci. The differentiability of diseases by urinary diagnosis is also overestimated.

KRAUSS.

A TEXT-BOOK OF OBSTETRICS: Including Related Gynecologic Operations. By Barton Cooke Hirst M.D., Professor of Obstetrics in the University of Pennsylvania. Sixth Revised Edition. Octavo of 992 pages, with 847 illustrations, 43 of them in colors. W. B. Saunders Company, Philadelphia. 1909. Cloth, $5.00 net; Half Morocco, $6.50 net.

There is nothing better than this to be found in the market to-day. The author is a man of keen observation and wide experience, besides having an unusual faculty for imparting knowledge. This rare combination he has focused on the subject in hand and the result is a work that is the peer of any. It is perhaps a little too comprehensive for a student's work in class, but even here supplies a valuable work for parallel reading, while to the man in practice it will be found invaluable.

HOWARD.

A PRACTICAL TREATISE ON OPHTHALMOLOGY. L. Webster Fox M.D., L.L.D., Professor of Ophthalmology in the Medico-Chirurgical College, etc. D. Appleton & Co., New York. Price $6.00.

This is another volume that the reviewer does not see the reason for bringing out. It is a thoroughly good and reliable guide to present day knowledge of diseases of the eye, but does not present anything which cannot be found in other works, some of which are certainly better than the one under consideration. The book would be a very good one for students wishing a more comprehensive work than the smaller hand books, but does not appeal to me as a reference work for the specialist.

BELL.

AMERICAN ILLUSTRATED MEDICAL DICTIONARY. The new (5th) revised edition. A new and complete dictionary of terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, and kindred branches; with new and elaborate tables and many handsome illustrations. Fifth revised edition. By W. A. Newman Dorland M.D. Large octavo of 877 pages, with 2000 new terms. Philadelphia and London. W. B. Saunders Company, Philadelphia, 1909. Flexible leather, $4.50 net; indexed, $5.00 net.

This is one of the more convenient-sized dictionaries and will be found thoroughly reliable as to definitions though weak in spots on pronunciation, especially of the Greek derivatives. The illustrations are worthy of a better cause, since no one cares for full page, colored plates of inflamed appendices, diphtheria, the pelvic brim and the fetal skull, Leishman-Donovan bodies, biliary calculi, and others equally out of place in a dictionary. They add to the cost and to nothing else.

HOWARD.

MISSISSIPPI MEDICAL MONTHLY

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*AMOEBIC ENTERITIS.

A. J. JAGOE M.D.,

CLARKSDALE.

Amoebic enteritis is a peculiar ulcerative condition of the intestines and adnexa caused by the amoeba coli (Loesch), usually confined to the large intestine. Occasionally it extends to the ileum and to the appendix. Abscess of the liver is a frequent consequence, say fifteen per cent.

This form of amoeba was discovered by Loesch of St. Petersburg in the stools of some dysenteric patients and by him named a. dysenteriae. His decision in this respect is now adopted by the profession at large.

The amoebic and bacillary forms of enteritis, while prevalent in the tropics, are not by any means absent from the United States nor this immediate part thereof. This disease, in both forms, has always been with us, but it is only lately that the different causative agencies have become known to us.

Water is the vehicle by which the amoeba coli (Loesch) is admitted into the system: frequently by vegetables eaten raw after being washed with such water.

The amoeba is a migratory microzoon as demonstrated by Sternberg and so may go through the mucous tissue of the bowel to the submucosa and there work his mischief, or he may enter the blood vessels and be carried to the submucosa at different distances from the point of entry and thus diffuse the trouble.

The ulcers show a tendency to be undermined, due to lack of resistance of the submucous layer of the bowel, when subsequently the muscularia mucosa, being weakened, collapses and an ulcer is formed.

The infection may be latent or marked, mild, moderately severe, or severe, including diphtheritic and gangrenous forms.

The ulcers are most frequently found in the cecum and thence the amoebae travel to the appendix where also they are found; next often in the sigmoid flexure; but the ulcers made by

* Read before the Clarksdale and Six Counties Medical Society.

the amoebae are found in every part of the colon. It is likely that from the hepatic flexure or through vessels they reach the liver and so make the abscess found there as a result of their invasion.

The lesions vary from raised injected spots in which infiltration of the submucosa has taken place, but no ulceration, to ragged ulcers which are irregular in outline and of considerable extent. They differ from those of the bacillary form by being raised above and sharply defined from the surrounding mucous membrane, which presents a healthy appearance. Ulcers in the bacilliary form increase in size by gradually softening and breaking down at the surface; never by necrosis and sloughing of the underlying tissue; occasionally they do not penetrate deeper than half way through the mucosa; generally they extend into the submucosa but never contain amoebae.

The most important clinical manifestations in a question of diagnosis are:

I. The bowel evacuations which, in this condition are sometimes dysenteric, sometimes diarrhoeic and then again apparently healthy, their odor and the presence or absence of blood.

II. Abdominal soreness which is increased on pressure and extends along the colon (this, taken singly, is one of the most valuable aids).

III. So-called "indigestion headaches", general lassitude with nausea or pain below the stomach after eating (this is also prevalent in other conditions).

IV. Loss of weight, especially in the presence of a good appetite, is quite important as one of the best guides to the progress being made by the infection.

Neither one nor all of these symptoms taken together are sufficient for absolute diagnosis, but when taken in cases where careful palpation reveals a thickened tender colon, in places where it may be felt, they make the nearest approach to a sure diagnosis possible without microscopic examination of the feces. For this last the patient is given a full dose of Rochelle salts and the feces passed are carefully examined. If amoebae are discovered therein this is confirmatory.

Constipation is a very prevalent condition with us, particularly among women, and may frequently mask amoebic infection in the early stages and in the latent form until irreparable damage may have been done to the colon and liver.

Complete healing may be accomplished by treatment, or chronic atrophic catarrh, which is known as sprue or psilosis, may persist, but vigilant and intelligent treatment may avert this sequel.

Drug treatment is principally of use in acute stages of this disease when no other form is admissable and then for allaying pain and other distressing symptoms when, if possible, the patient should be confined to bed and use the bed-pan and when active symptoms have subsided direct local treatment should be instituted.

While oral and hypodermic treatment is of service as above stated, it is not curative and so we must turn for those cases and for those chronic and subacute cases to the direct application of our remedies.

Loesch was the first to publish the virtues of quinine and it appears to still be the favorite. Irrigations of one to two quarts of the quinine solution, commencing with 1-1500, ten grains to a quart, gradually increasing its strength up to the point of tolerance, not higher than 1-7500, twenty grains to a quart. Some recommend the quinine irrigations twice a day; quininization of the system must be avoided.

Before any medicated application is made, the bowel should be irrigated through a double-flow tube with sterile water until the return flow is perfectly clear.

F. Billings supplements the quinine treatment with Fl. Ext. Chaparro Amargose (evergreen oak) in doses of one-half to one dram every four hours, and he claims to have obtained cures in some cases, benefits in all.

Other treatments, irrigations, are: water at a temperature of 115° F. containing silver nitrate, ten to thirty grains in a quart, twice a week; mercuric cloride 1-3000, six ounces, three times daily; formalin solution, 1-300 or 400; hydrogen peroxide in weak solution once a day. Copper sulphate, 1-10000, one and one-half grains to a quart, is said to have more or less selective action on amoebae coli as well as on lower forms of vegetable life, far better borne than the quinine treatment and recovery more rapid than under any other method. Patients stay cured if applications are kept up for a reasonable time after amoebae coli are not found in the stools.

For each of these agents the claim is made that it will kill the amoeba and, if so, why not also the bacillus dysenteriae, so that whichever form of the disease is present the remedy may be effective.

As in the general practice of medicine, so in the treatment of amoebic enteritis, a routine mode of treatment will not be effective in all cases and while each of the agents aforementioned may be efficient as a curative no one can be depended on as a general remedy. We will then have to do the best we can according to our light.

This disease is one which rapidly saps the strength of the

patient, so it is imperative that sufficient and proper nutriment be given at all times: five small meals a day of digestible food which I think had better not include turnip greens, mustard greens and poke salad, which some of our brethren consider, in this disease, a curative.

*PSYCHO-THERAPY.

J. W. UNGER M.D.,

WEST POINT.

Introductory to the consideration of psychotherapy, I deem it necessary, in order to intelligently discuss the subject, to present certain psychological data not usually treated of fully by psychologists. Psychologists divide mind into objective and subjective, or into conscious and subconscious. From this duplex mental mechanism, the phenomena of psychical and physical energy enamate, directing the impulses which are transmitted to the various organs of the body. Biologists claim that individual cells are distinct organisms. If this position be correct, man is a confederacy of protozoons and the brain an aggregation of uni- and pluri-cellular organisms, and has the power to initiate physiological and pathological processes, and hence may cause and cure disease.

Since the dawn of history magic and superstition have played no unimportant part in the treatment and cure of disease. In proof of this assertion, various methods and cults have originated, among which I mention the pythonism of the Greeks, the shamanism of the Ural-Attic people, the Psylli of Lybia, magnetism, mesmerism, hypnotism, metallotherapy, Perkins' tractors, mind cure, faith cure, Dowieism, Eddyism and the Emmanuel movement. This last is the latest, and is a movement in which doctors and theologians diagnose and treat disease together. The question arises out of this heterogenous conglomeration of cults and isms, to what shall we attribute the secret power, the basic principle and the fundamental causes that account for and correllate all these forms, systems and methods of psychic healing. After a survey of the field, and a critical analysis, I have no hesitation in saying that the potent factor, the underlying principle, of all forms of cure is faith—faith in the man, the means or the method. Another question then presents itself, how may faith be excited? I answer, unhesitatingly, by the law of suggestion. It may be

* Read before the Clay-Oktibbeha County Medical Society.

simple, hypnotic or post-hypnotic suggestion; by the personality of the physician, by medicine, by surgery or by various other means or media.

The time has come when we as physicians can no longer ignore the mental factor in causing and curing disease. What we need in psychotherapy is something corresponding to those splendid conceptions that gave to the world the heliocentric theory of gravitation, the undulatory of light, the theory of evolution, the germ theory of disease. If some medical genius would concentrate and focalize his mental powers on psychic healing, equally great and exact laws might be formulated. When we have mastered the marvelous intricacies and dependencies of spirit, soul and body, we will have attained to that point that will enable us to call on one to help the other, in the protean manifestations of disordered function as well as in structural changes.

I agree with Dr. Hack Tuke when he said that active practitioners should utilize this mental force, yoke it to the cars of the son of Apollo, rescue it from the eccentric orbits of quackery, and force it to tread with measured step the orderly paths of legitimate medicine. Sir James Paget, in a letter to Sir Henry Acland, emphasized the importance of the potentiality of mind when he said of a clever, charming and widely known lady: "She will some day disgrace us all, by being juggled out of her maladies by some bold quack, who by mere force of assertion will give her the will to bear, or forget, or suppress, all the turbulances of the nervous system".

The fact is clear that psychotherapy, though disliked and ignored by the physician, is the bread of life to all quacks.

The divison of mind by psychologists into objective and subjective has aready been dwelt upon, and that faith is the foundation of all cure, and that suggestion is the excitor of faith, and that it is operative only through the subjective mind, and that the subjective mind presides over the conditions, functions and sensations of the body, and this furnishes the clue to the cure of all disease. To be a successful physician it is absolutely necessary to employ suggestion either conciously or unconsciously. A pleasing personality goes for something with patients, but is not an absolute necessity. Every physician should practice auto-suggestion, for the reason that it has a beneficial influence on himself, while at the same time it educates him to make healthful suggestions to others. The psychotherapeutist must be a man of purpose and have a purpose in all that he does. He must do nothing without conscious thought. He must envelop his patient with sympathetic attention, and always evince confidence in himself as a healer, otherwise he cannot

hope to inspire confidence in his patients. The conditions that contribute to the physician's success and create a favorable environment may be summed up in the advice to never antagonize any one, no matter how insignificant; always attempt to maintain the most amicable relations with all, no matter how great or overwhelming your psychic power may be; for there is a possibility of counter or adverse suggestion upon the part of unfriendly attendants, that may tip the balance, and unfavorable influence to the extent of causing the death of your patient. Never permit any one, if avoidable, to enter the sick chamber who will attempt to create doubt as to your ability; you cannot predetermine what the effects may be. With family, friends and nurses, always be guarded; do not give an unfavorable prognosis. Do not, by word or act, unfavorably impress your patient. These admonitions are important to those who value results. I anticipate that much that I have said may bring a smile of contempt or of derision, notwithstanding I am firmly convinced that the position I have taken is correct, and will cite, in confirmation of my position, the utterances of some of the greatest physicians the world has produced. In the educational number of the *British Medical Journal* for August 1907, I find this statement: "Disease of the body is so much influenced by the mind, that in each case we have to understand the patient quite as much as the malady. This is not learned in the hospitals." Dr. Maudesley says: "Perhaps we do not as physicians consider sufficiently the influence of mental states in the production of disease. Quackery seems to have gotten hold of a truth which legitimate medicine fails to appreciate or use adequately." Sir Samuel Baker states that any severe grief or anger is almost certain to produce fever in some parts of Africa. Dr. Clifford Albutt, in speaking of granular kidney, says: "It is undoubtedly a clinical fact, that it is often produced by prolonged mental anxiety." B. W. Richardson says: "Diabetes is caused by mental strain or sudden mental shock." Sir George Paget observes: "In many cases I have seen reasons for believing that cancer has had its origin in prolonged mental anxiety." Dr. Murchison writes: "I have been surprised how often patients with primary cancer of the liver have traced the cause of their ill-health to protracted grief or anxiety." Having quoted several showing that grave diseases are produced, I shall next quote how they may be cured through the influence of mind. Dr. Carpenter says: "That the confident expectation of a cure is the most potent means of bringing it about, doing that which no medical treatment can accomplish, may be affirmed as the generalized result of experiences of the most varied kind, extending through a long series

of ages." Dr. Bruce says that we are compelled to acknowledge a power of natural recovery inherent in the human body. Oliver Wendell Holmes makes the statement that whatever other theories we may hold, we must recognize the *vis medicatrix naturae* in some shape or other. Hypocrates stated that nature was the physician of disease. Sydenham says: "Reason dictates that disease is nothing else but nature's endeavors to throw forth with all her might the morbific matter for the health of the patient." Sir Andrew Clark states: "It is impossible for us to deal knowingly and wisely with various disorders of the body, without distinctly recognizing the agency of states and conditions of the mind, often in producing and always in modifying them." Up to to the very gates of death I maintain that a sanguine, cheerful and hopeful expectation is infinitely more useful, and more warrantable, on the part of the physician, than a brutal candor, which may cut the slender thread that holds the vital powers together. Ambrose Pare wrote on the hospital wall in Paris: "I dress the wound, God heals it." Bain shows that through the subconscious mind most physiological processes can be suspended. It controls anabolic and catabolic cell action; and there is no doubt that a sound, cheerful mind, acting through it, is a great protector against disease of all sorts; and if disease has obtained a hold a cheerful mind can often cure it. Psychic healing can be applied to the body in one of three ways: by the subconscious mind directly in spiritual or physical influences and surroundings; by the subconscious acting on the conscious indirectly—in rousing faith in persons, place or remedies; and by the subconscious mind acted on by the conscious by direct effect—in the determination to get well, and shake off pain and disease.

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*PROMISCUOUS PRESCRIBING.

W. S. DERRICK M.D.,

GOODMAN.

In presenting this paper to the society I feel extreme regret in acknowledging its unscientific principles when directed to a body of men whose lot has fallen with fellow-laborers in the deepest and most interesting science known to the human mind.

There has not been in the history of all past time so much progress made in any branch of science as has been made in that of medicine in the last quarter of a century, and still we

*Read before the Holmes County Medical Society.

as intelligent physicians are too prone to let real scientific methods and means go by unawares and fall into loose slip-shod, easy methods of doing business.

With the great advances made in all the departments of medicine, and the most modern equipment and apparatus for diagnostic purposes, we do not need to go about our work in a half-hearted way and really fail to accomplish that whereunto we are sent, and for which we all expect at least a moderate compensation in a financial way, and I dare say we often look for better results in the patient's condition than the treatment would really warrant.

You will see at the outset that this paper does not deal with bedside practice alone, or is not meant so anyway, but with the general class of work as we find it from day to day, though I would like to lay special stress on the chronic walking class rather than those necessarily confined to bed, for in these it is generally more difficult to arrive at a proper diagnosis than in the more acute affections.

In every instance where a physician is called upon for professional duty I think it is absolutely necessary as far as possible for him to give the patient the benefit of the best scientific modes and methods of practice obtainable, not considering the amount of work and worry and the time it takes in getting at the bottom of the pathological condition. We can all equip our offices with such necessary apparatus for quite efficient laboratory work at small cost, and I deem it utterly impossible for any doctor to do good, honest work all the time without the aid of some laboratory work. In all cases where the diagnosis is obscure, chemical and microscopical examinations should be made of all the excreta, more especially the urine and feces, and in many instances blood examinations and stained specimens of the sputum are necessary to confirm the diagnosis. I dare say that there has been much more good donated to our branch of science through the pipette and test tube than at the point of the scalpel, and to-day it is by some of these simpler methods that we are able to say to the surgeon when he can and when he cannot operate.

I consider, without any exception, off-hand or promiscuous prescribing one of the greatest evils that we could possibly let creep into our practice for many reasons too numerous to mention. To say the least of it, it is strictly unscientific and without credit.

We owe much to the veterans of the profession for clinical findings and wide experience with disease which they have cheerfully handed down to us from time to time, and we still love and cherish the memory of the good old-time doctors, but

surely our responsibilities to-day are much greater than were theirs and if we as practitioners of modern medicine do not use the same energy and zeal in promoting the science that they used in practicing what they knew, we are really a discredit to the profession and a hindrance to progress and civilization. Less than twenty-five years ago the general practitioner knew nothing of the use or the stethoscope for the purpose of accurate auscultation, and nothing of the microscope for detecting with his natural eye bacilli and bacteria which are the cause of many pathological conditions, of which the diagnosis could not be definitely made without it.

With these and many other advantages familiar to the medical mind of to-day, why should we not wake up and work up to duty and stop giving the specialists and city doctors the *creme de la creme* of our practice. It is generally recognized now by the majority of the profession that there are too many specialties and too many specialists, and at the same time it is the very same majority who admit the fact who are at fault. If we all were to do our duty fully as regards the practice of medicine as we know it should be done, each of us would be, to some degree at least, a specialist on general medicine within ourselves.

There is another phase of promiscuous prescribing, which I shall only mention briefly. We are sometimes consulted by the head of a family about some sick one in his home, and to his gratification he can get the physician to scroll off a combination of drugs for the patient without ever seeing him, to say nothing of knowing the condition of things as regards the nature of the disease. I have been guilty of this offense to my own sorrow and possibly to the sorrow of the patient as well. I will mention one case for example. I was asked to prescribe for a pain in a woman's "stomach", the lay stomach, I mean, which takes in everything from the mouth to the perineum, which I did, giving cathartics, digestives, etc., per os, and after unsuccessful attempts in this way I demanded that the patient come to my office, which she did, and I found on examination a general specific infection of the entire genito-urinary tract as far as I could make out. Local treatment was applied with success. This is only an example of how utterly unscientific such practice is, and this one case taught me a lesson that I shall not forget soon.

With these facts confronting us from day to day, I say it is high time we are getting down to a solid scientific basis and by so doing step upon a higher plane in life and uphold with zeal and integrity the dignity of our profession.

*DIAGNOSIS OF CHRONIC INTERSTITIAL HEPHRITIS,

M. L. POLLARD M.D.,

THORNTON.

In this the twentieth century, the age of progress, we are in a great hurry. We are inclined to push on after new things and pass by as unimportant a great many old things. The country physician visiting the larger cities will not fail to visit the hospitals and strain every point to witness every big operation that is done while he is in town and never pay any attention to physical diagnosis or materia medica or any of the branches in which he is vitally interested. Every day we see prominent physicians fall down on the diagnosis of cases that ought to be easy for them to make. After seeing a great many of these mistakes made, I decided to try to write a paper on this most important subject. It is not my object to write on the differential diagnosis of chronic interstitial nephritis from other forms of nephritis, but to write on the diagnosis of chronic interstitial nephritis from diseases of other organs of the body. We often hear that this man or that man has tuberculosis, nervous exhaustion and is run down and needs a tonic, and when the correct diagnosis is made we find he has chronic interstitial nephritis. According to my mind I don't believe there is any other disease that is so difficult to diagnose and one that is mistaken so often for many other diseases. According to Osler the most prominent symptoms are lassitude, sleeplessness, patient has to get up at night to micturate, the digestion is disordered, tongue is furred, there are complaints of head-ache, failing vision, breathlessness on exertion. It has been my experience in most of the cases that have come under my observation that these nervous symptoms have been the most prominent. With most of these cases you find a strong incompressible pulse. You may find the heart displaced, there may or may not be dropsy.

It is often the case that a person will go to his physician with these symptoms I have just enumerated and the physician will make just a casual examination and tell the patient all he needs is a good tonic and prescribe compound syrup of hypophosphites. Not long since a man went to his physician and, after an examination, was told he had tuberculosis and was sent to a very celebrated diognostician in Memphis to corroborate the diagnosis. The specialist examined him and charged him a nice fee and told him he had nervous ex-

* Read at the January 1910 meeting of the Holmes County Medical Society.

haustion and sent him to a nice, quiet place in the mountains to stay a while. To make a long story short the man did not improve in the pure mountain air and came back home and went to another physician, who made a correct diagnosis of chronic interstitial nephritis. This disease is insidious; it may not be recognized until the autopsy, the patient having died with pneumonia, oedema of the lungs or hemorrhage. In passing let us study for a minute the pathology of the kidneys in this trouble. The reduction is generally the same in size and weight in both kidneys. Both together may not weigh over two ounces. The outer surface is red and irregularly granular. The tissue is firm and dense and resistant to the knife. The cut surface shows a thin atrophied cortex, with dark reddish streaks alternating with pale portions. The pyramids are darker than the cortex and also diminished. These changes take place gradually, so slowly that the patient may go on about his daily occupation as if nothing was wrong with him for several years. Very often the oculist will make the diagnosis, the patient having gone to him to correct his failing eye-sight. When we have cause to think that a man has nephritis our main source of help comes from the urine. It is too often the case that we make an examination of the urine and fail to find albumen and come to the conclusion at once that the patient is not suffering with Bright's disease. If we make examinations of urine passed at different times of the day we will find albumen when we would not otherwise. If after repeated examinations of the urine we fail to find the long-looked-for albumen then it is that we can resort to the microscope, which will generally clear up the diagnosis. Under the microscope you will find granular and tube casts sometimes after repeated chemical analyses have proven negative. If you fail to find albumen don't come to the conclusion that there is nothing wrong with the kidneys until you have examined the urine microscopically and failed to find anything wrong. If you are not prepared to make this microscopical examination yourself send a specimen of the patient's urine to a competent microscopist and have him to do it for you. Another point we are to consider is the age of the patient. This disease generally comes on about middle life or later. I came in contact with one patient who had neuralgic pains and persistent head-aches for several years. Epistaxis is sometimes a very important symptom and also a very dangerous one. The nose will start bleeding and bleed on in spite of treatment. Cerebral hemorrhage is sometimes a complication in this disease. Where you have cerebral hemorrhage as a complication it doesn't matter much whether you make the diagnosis of Bright's disease or not, because the patient passes on to glory anyway.

"First know you are right and then go ahead" applies to physicians with as much or more force than to any people on earth. I have no patience with the man who thinks he never makes a mistake. If we were to follow such a man for a while we would find that he made more mistakes in diagnosing diseases than some of his less conceited brothers. The young doctor just out of school, full of ambition and full up to the brim with theory, thinks that diagnosing diseases ought to be the easiest thing in the world. When he brushes up against a case of chronic interstitial nephritis and calls it tuberculosis and some older physician who happens to be his neighbor comes along and names it for him, then it is that he learns that there is a good deal about medicine that he has not yet learned. When your patient comes to you and complains of sleeplessness, shortness of breath and loss of flesh, and has a good appetite, has to micturate two or three times at night and passes large quantities of urine at the time and has failing eye-sight, then it is you had better look out for nephritis. It matters not whether he has swelling around his lower extremities or not. It happens very often that people will suffer with these symptoms for a long while before consulting a physician. It may be that the patient consults for his failing eye-sight the man who goes around over the country peddling glasses. In that case he would not be apt to find out his trouble. It is often the case that when there comes to us a man who has passed middle life, complaining of having to get up all through the night to pass his urine, we will tell him that certain changes that take place in the prostatic gland in a man of his age are the cause of his trouble. Later on we find out he has chronic Bright's disease.

In conclusion I would lay special stress on these symptoms I have just mentioned. Would say that when a patient goes to his physician with these symptoms I have just enumerated, he should not say he has some other trouble than chronic interstitial nephritis until he has tried every plan known to scientific medicine for diagnosing the disease.

As to the nervous symptoms, don't be too quick to say that the patient has a nervous break-down and hustle him off to a sanitarium for nervous troubles or, worse still, say he has hysteria. When a correct diagnosis is made in these cases it very often saves the patient a good deal of money and adds fame and honor to his physician.

NOTICE.

Rates of one and one-third fare plus twenty-five cents have been granted by the railroads for the Oxford meeting. Get your certificate when leaving home.

MISSISSIPPI MEDICAL MONTHLY.

E. F. HOWARD B.S., M.D., Editor and Publisher.
S. MYERS M.D., Business Manager.
ASSOCIATE EDITORS
B. B. MARTIN M.D., Vicksburg. H. L. SUTHERLAND M.D., Rosedale.
H. M. FOLKES M.D., Biloxi. M. H. BELL M.D., Vicksburg.

OFFICIAL ORGAN OF THE MISSISSIPPI STATE MEDICAL ASSOCIATION AND ITS COMPONENT SOCIETIES.

SUBSCRIPTION ONE DOLLAR PER ANNUM.

All aboard for Oxford! Those who are convivially inclined will find amusement, those who are out for the strictly scientific phases of the meeting will find a liberal snpply of mental pabnlum, those who want a few days' rest can find no more delightfnl place in which to get it.

The president has received acceptances from Witherspoon of Nashville, Dock of New Orleans, Stiles of the P. H. & M. H. S., of hookworm fame, and last but by no means least, McCormack, of the A. M. A., whose addresses are worth going a thousand miles to hear even when one doesn't agree with his ideas.

Altogether it is safe to say that the 1910 meeting will be one that will be remembered for many years as something nniqne in the annals of the Association. The visitors are to be literally the guests of the town and of the University—as Delegate Rowland expressed it at Jackson last year: "All you need is your railroad fare"—and jndging from rumors that are floating abont everyone will come away with dyspepsia. That, however, shonldn't deter anyone, for it will be in a good conse. The new University hospital is open and the students probably need clinics, so those who fall by the wayside will not have to go aronnd hnnting a Samaritan.

The plan of holding a meeting of the Delegates the night before the meeting of the Association, as provided in the By-Laws, worked so well that it will be tried again. That gives an opportnnity for the varions reports of standing committees to be worked off and the routine matters disposed of before the general session begins and therefore allows very mnch more time for the members of the House to attend the scientific sessions. A full attendance is asked for this opening meeting.

Society Proceedings.

Clarksdale and Six Counties Medical Society met in Clarksdale the afternoon and evening of March 23rd. An attractive program of seventeen papers, chiefly by members but including five or six visitors, brought out an excellent attendance. After the evening session was held the customary banquet, which is always one of the enjoyable features of the meetings of this society, was held.

East Mississippi Four County Medical Society met in Amory Feb. 8th. The meeting was called to order at 2 P. M. by Dr. Richard Boyd of Houston. Secretary Underwood was present. The minutes of the former meeting were read and adopted as corrected by Dr. Durley of Aberdeen. An interesting case of pellagra was presented by Dr. Burdine. An interesting paper was read by Dr. Burdine on the etiology and treatment of chronic diarrhoea. The discussion of this paper was general and interesting. Dr. Burdine closed in a very masterly resume of the subject. Dr. Bryan called the society's attention to the four open meetings to be held during the year. It was decided that the president should appoint a committee composed of three physicians for each of the towns, viz., Aberdeen, Amory, Houston and Tupelo, to arrange for these meetings. The program of each meeting will be carried out almost, if not entirely, by home men, that is, doctors residing within the borders of the four counties. Dr. Burdine was given a vote of thanks for his excellent paper.

F. J. Underwood.

East Mississippi Four County Medical Society met at the courthouse in Tupelo Tuesday, March 18th., at 2:30 P. M., with Dr. R. M. Boyd, president, in the chair and Dr. F. J. Underwood, secretary, present and performing the duties. The members present were Drs. Bryan, Feemster, Keyes, Boyd, Gwinn, Sadler, McMillan, Green, Elkin, Boggan, Carruth, McCowen, Anderson and Underwood. An interesting paper was read by Dr. L. C. Feemster on etiology and diagnosis of malignant diseases of the bile tracts. An interesting discussion followed by Drs. Bryan, Sadler and Carruth. The president appointed a health committee for each county as follows: for Lee, Feemster and Elkin; for Monroe, Keyes and Dilworth; for Chickasaw, Boyd and Abernethy; for Itawamba, Stone and Reed. An arrangement committee was appointed for the four

open meetings this year for each of the following towns: for Tupelo, Elkin, Bonner and Feemster; for Aberdeen, Dilworth, Durley and Sims. for Houston, Williams, Evans and Wilson; for Amory, Bryan, Grady and Burdine. Dr. G. S. Bryan of Amory was elected censor for a term of three years, succeeding the late lamented Dr. Wendel. After adjournment the members were entertained by the Pound-Kincannon-Elkin Company and at night were banqueted by the local physicians at the Hotel Read.

F. J. Underwood.

Harrison County Medical Society met March 8th., President West in the chair and Drs. Sheely, Folkes, Rehfeldt, Morris, Priddy, Richardson, Strange, Parker, Carroll, Mohler, Rowan, Hood, Welch and Cowart present. As there were no clinics and the two members who were to have presented papers were absent the president called upon the members for reports of interesting cases met with. Dr. Parker reported a case of labor with renal complications, patient's urine showing large percentage of albumen, child born dead. Mother had no apparent trouble at time of labor, no convulsions, etc. Shortly after labor mother complained of inability to breathe and in a few minutes was dead. The general opinion tended to show cause of death as embolism following labor. Dr. Morris cited a similar case that had come under his observation. Dr. Folkes of Biloxi reported case of appendicitis, on which he operated. Gangrenous appendix, ruptured on removal, spilling few drops on peritoneum, carefully cleansed same and closed abdomen in usual manner. Interesting to note that peritoneum took care of pus that was spilled upon it, patient making uneventful recovery. Dr. Mohler of Gulfport reported interesting case of gonorrhoeal ophthalmia of six weeks standing with ulcer of both corneas when first seen. Case is now progressing nicely, will have good vision in one eye, other partially impaired. Dr. Folkes asked for experience of others in regard to the diseases of childhood among negro children. Experience of those present tended to show that negroes were remarkably free from such diseases as diphtheria, mumps, scarlet fever, etc. Other interesting cases were mentioned by Drs. Strange, Carroll and others. Dr. Rowan was called upon to give report upon his cases of pellagra. The Doctor stated that one of his cases had died, others had shown slight improvement while others showed none and were growing worse. Dr. Mohler reported a case of eye infection from vaccination. Application of Dr. R. F. Annis of Wiggins and Dr. N. W. Cowart of Inda for membership in

the society were received and referred to Board of Censors. A motion was made that the secretary call upon all delinquent members to pay up dues at once, as the State meeting is not far distant, at which time all who are in arrears will have to be dropped from the list of the respective societies. The motion carried.

G. F. Carroll.

Association Presidents.

C. D. MITCHELL, Pontotoc.

President 1903-4.

Charles Dennis Mitchell was the eldest son of C. B. Mitchell, sometime legislator and senator from Pontotoc County and Speaker of the House in 1888, a noted criminal lawyer. He was born in Pontotoc, Oct. 29th. 1866, was educated at the University of Mississippi and took his degree in medicine from the Memphis Hospital Medical College in 1888. He married Miss Mamie Herren of Pontotoc Dec. 12th. 1888 and has two sons, Chas. B. and Herren Mitchell. He took post-graduate courses at the New York Post-Graduate School and the New York Polyclinic in 1890 and 1892.

Dr. Mitchell joined the State Medical Association in 1892 and has been a regular attendant ever since. He responded to the Address of Welcome in 1895, was elected delegate to the A. M. A. in 1898, was elected vice-president in 1900 and in 1901 and president in 1903. He served on the State Board of Health from 1900 to 1905 and was first Councilor of the third district under the reorganization, serving five years. Besides his county, state and national associations, he is a member of the Tri-State (Miss., Ark., Tenn.) Medical Association, and is a Mason, an Odd Fellow, a K. of P., a W. O. W., and an elder in the Presbyterian Church.

Personal Notes 1907.

T. J. MITCHELL, Jackson.

President 1904-5.

Thomas Jefferson Mitchell was born July 4th. 1830 near Huntsville, Ala., of North Carolina and Virginia stock, received his academic degree in 1849 and his medical in 1852.

The year following graduation he spent in Paris, attending lectures at the hospitals. In 1858 he married Miss Annie McWillie, daughter of Governor McWillie of Mississippi, and to this union were born four children. At the outbreak of the civil war he volunteered and was commissioned surgeon C. S. A., serving throughout the war. Dr. Mitchell served for many years as physician in charge of the State Insane Hospital at Jackson, retiring in 1910, and has devoted the later years of his of his county society, the Mississippi State Medical Association practice exclusively to the study and care of mental and nervous diseases. He is a member of the Medico-Psychological Society, and of the A. M. A. *Personal Notes.*

Book Reviews.

PREPARATORY AND AFTER TREATMENT IN OPERATIVE CASES. By Herman A. Haubold M.D., Clinical Professor in Surgery and Demonstrator of Operative Surgery, New York University and Bellevue Hospital Medical College, New York; Visiting Surgeon Harlem and Red Cross Hospitals, New York, etc. 429 Illustrations, 639 Pages. D. Appleton & Co., New York and London. 1910. Price $6.00.

The intention of the writer to furnish a work from which the practitioner can draw information with regard to the handling of a case to be operated upon from the time the decision to operate is reached until the making of the incision, and then take up the case again from the time the operative technic is ended until recovery is complete, has been well carried out in this complete and comprehensive volume. In the text-books and systems of surgery too little stress is laid upon the preparation and after treatment of individual surgical conditions, so that the subject matter of this book is well chosen and much valuable information can be obtained from it by the surgeon himself. DAUGHERTY.

UNTRITION AND DIETETICS. By Winfield S. Hall M.D., Professor of Physiology Northwestern University Medical School, Lecturer on Physiology and Dietetics in Mercy Hospital and Wesley Hospital, Chicago. D. Appleton & Co., New York and London. 1910. Price $2.00.

This volume is the outgrowth of the author's ten years' experience in teaching dietetics to medical students and to the large nursing classes of two well-known Chicago hospitals, and as such is eminently adapted to the classes for which it is intended. Of smaller compass than most of the works on this

subject, and without going too much into detail, which so often acts as padding, this work provides the practitioner with a volume which concisely and accurately presents the latest thought in nutrition and dietetics. We will venture to disagree with the author in just one point. In rectal feeding, he holds "the amount should never be over three ounces, and better as a rule one and a half ounces". These amounts are much to small, and we believe six to eight ounces to be a better limit, cutting down the number of injections necessary to maintain nutrition.

MYERS.

THE PROPAGANDA FOR REFORM IN PROPRIETARY MEDICINES. Sixth Edition. Containing the various exposes of nostrums and qaackery which have appeared in *The Journal of the American Medical Assoeiation.* Price, Paper, 10 cents; Cloth, 35 cents. Pp. 292. Illustrated.

This book presents in convenient form most of the exposures that have appeared in *The Journal of the American Mediacl Association* showing fraud either in the composition of various proprietary preparations or in the claims made for such preparations. Not all of the products dealt with, however, are such as are—or have been—used by the medical profession. Many preparations of the "patent medicine" type have been subjected to analysis and the results of such examinations appear in this volume. The book will prove of great value to the physician in two ways: 1, It will enlighten him as to the value, or lack of value, of the many so-called ethical proprietaries on the market; and 2, It will put him in a position to answer intelligently questions that his patients may ask him regarding the virtues (?) of some of the widely advertised "patent medicines" on the market. After reading the reports published in this book physicians will realize the value and efficiency of simple scientific combinations of U.S.P. and N.F. preparations as compared with many of the ready-made, unstable and inefficient proprietary articles.

MYERS.

THE PREVENTION AND TREATMENT OF ABORTION. By Frederick J. Taussig A.B., M.D., Lecturer in Gynecology, Washington University, etc. Fifty-nine illustrations. C. V. Mosby Co., St. Louis. 714 Metropolitan Building. Price $2.00.

The writer has given an excellent study of the frequency, etiology, pathology and symptoms of abortion and his chapters on prophylaxis and prevention are worthy of careful consideration. It is a pity indeed that selections from these chapters cannot be put into the hands of women's clubs so that those who are most interested in such matters, the women themselves,

could find out exactly what they are "up against". The "treatment" does not differ very materially from that laid down in most recognized text-books, save that the dangers of uncared-for abortions are emphasized and described in more detail.

HOWARD.

A TEXT-BOOK OF MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. By George F. Butler M.D., Professor and Head of the Department of Therapeutice and Professor of Præventive and Clinical Medicine, Chicago College of Medicine and Surgery, Medical Department Valpariso University. Sixth Edition, Revised and Enlarged. Octavo of 708 Pages. W. B. Saunders Company, Philadelphia and London. 1908. Cloth, $4.00 Net.

The book of Dr. Butler needs no introduction to our readers, so many of them already possessing it, yet the present edition, brought into accord with the U. S. P. Eighth Revision, is so complete that one wonders how it can be further revised. The work is a splendid answer to those who claim to have lost faith in medicine. A perusal of this volume will refresh anyone's armamentarium against disease, and that too in a scientific manner. The work rightly commences with a description of the varieties of pharmaceutical preparations, solutions, liquid mixtures, extractive preparations, mixtures of solid and external preparations, giving the various preparations under each heading, official, national formulary and otherwise. Then follows the discussion of the drugs in the various classes. Particularly we wish to commend the giving of the genitive case ending after each drug, as podophyllum podophylli—a thing invaluable to those who desire to write correct prescriptions and whose Latin is hazy. The section on prescription writing is very complete and valuable. We may further say that the book has been recommended as a text-book on therapeutics in the Medical Department of the University of Mississippi.

MYERS.

DIAGNOSTIC THERAPEUTICS. Abrams. The Rebmann Co., New York. Cloth Bound $5.00.

This is a volume which physicians should have in their offices as it has the great advantage of having under one cover many aids in solving questions of diagnosis, which would otherwise necessitate a search through quite a number of books. Many of the suggestions are quite original with Dr. Abrams, who is quite catholic in his views as to what should constitute the practise of medicine, wherein he is eternally right.

FOLKES.

INTERNATIONAL CLINICS. A Quarterly Of Illustrated Clinical Lectures And Especially Prepared Articles. Edited by H. W. Cattell A.M., M.D., Philadelphia. J. B. Lippincott Company, Philadelphia. Price $2.00.

This issue contains two articles on serum diagnosis of syphilis and one on diagnostic methods of syphilis of the nervous system, the three forming a series of exceptional interest and value. Pellagra comes in for its share of attention under both diagnosis and treatment and tuberculosis is with us, as always. There are some good surgical, gynecological and pediatric papers and there is a summary of the progress of medicine and surgery of the past year. As has been the custom of late in this quarterly, there are numerous illustrations that are marvels of the book-maker's art and that add materially to its instructive merits as well as to its artistic value.

HOWARD.

DISEASES OF THE GENITO-URINARY ORGANS. By Edward E. Keyes Jr., M.D., Ph.D., Clinical Professor of Genito-Urinary Surgery, New York Polyclinic Medical School, etc. One hundred and ninety-five illustrations and seven plates. D. Appleton & Co., New York. Price $6.00.

This is the latest edition of the great classic work on syphilis. None other has approached it in popularity in earlier editions and it may be safely predicted that this latest issue will equal its predecessors in the number of admirers it will find. The younger Keyes draws on the vast experience of his distinguished father, his leader in this work, and so has at his command a store of material such as has seldom been available. With this working basis he has blended the later ideas and methods in a masterly manner, the whole forming a volume that is well nigh perfect. No such book on genito-urinary diseases has yet been published.

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Vol. XIV. JUNE 1909. No. 2.

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